

# Utah State Hospital

## Nursing Policy and Procedure Manual

### POLICY:

The Nurse Executive or designee participates in the hospital admissions system to coordinate patient requirements for nursing care with available nursing resources.

### PROCEDURE:

1. Patients with exceptional medical problems requiring nursing care beyond the reasonable capability of Utah State Hospital are not eligible for admission (see USH:OPP Admissions Section 1 subsection 3.2).
  - 1.1 The Director of Medical Services and the Hospital Clinical Director in collaboration with Nursing Administration determine when this situation exists by conducting an individualized review of each referred case. The review includes
    - a. current psychiatric condition of the patient
    - b. current medical and nursing needs of the patient
    - c. determination of the best treatment facility for the patient
2. Admissions to the Children's and Adolescent Units are done through collaborative conferences between the Unit Clinical Director, Service Administrative Director, the Unit Supervising RN and other treatment staff.
3. When a specific unit's nursing staff is unable to assess and meet the patient's nursing care needs due to inadequate nursing resources, Nursing Administration conveys this information to the Hospital Clinical Director and Superintendent who then discuss the need to limit admissions to the specific unit with the Hospital Admissions Officer.

1/91; 9/93, 1/94; 4/98; 8/01 admiss.pol

## Chapter 1

### Patient Assessment

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#### POLICY:

The nursing process is utilized to aid in determining the patient needs and plan of care for all patients at Utah State Hospital. Registered Nurses at Utah State Hospital prescribe, delegate and coordinate nursing care for patients based upon individual need.

#### PROCEDURE:

1. Patient needs are identified and the plan of care is determined through the nursing process.
  - a. Assessment of patient needs
  - b. Diagnosis/problem identification through analysis and synthesis of data
  - c. Development of plan of care including priorities, goals, strategies and nursing orders
  - d. Implementation of plan of care
  - e. Evaluation of patient outcome
2. A Registered Nurse prescribes, delegates and coordinates nursing care for each patient based upon:
  - 2.1 Assessment data and other relevant information
  - 2.2 Identified Needs
  - 2.3 Standards of care
  - 2.4 Appropriate nursing interventions
  - 2.5 Establishing policies and procedures
  - 2.6 The nurse's professional judgment
  - 2.7 The patient's response to specific nursing interventions
3. The nursing process is part of a dynamic cycle: evaluation of patient care is followed up by a re-assessment of patient needs to determine whether or not the plan of care requires modification.
  - 3.1 This process is completed as the patient's condition changes.
  - 3.2 The process is a part of the re-assessment of the patient's individualized treatment plan every 30 days.
4. Nursing care is a part of the individual comprehensive treatment plan which is developed by the multidisciplinary team.

01/88;1/91; 9/93; 1/94; 4/98; 5/01 nsgproc.pol

## Chapter 1

### Patient Assessment

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POLICY: A nursing assessment is completed on all patients admitted to the Utah State Hospital. The nursing process, (assessment, planning, intervention, evaluation), is used to help determine the patient's needs and plan of care.

#### PROCEDURE:

1. All patients admitted to the hospital have a nursing assessment completed within the shift on which they are admitted, (no later than

eight hours after admission).

- 1.1 The Nursing Assessment includes:
  - 1.1.1 Health Assessment and History
  - 1.1.2 Medical History
  - 1.1.3 Allergies/Adverse Drug Reactions
  - 1.1.4 Special Care Needs
  - 1.1.5 Environmental Safety
  - 1.1.6 Nutrition/Dietary Screen
  - 1.1.7 Infectious Disease Screen
  - 1.1.8 OT/VocRehab Screen
  - 1.1.9 Dental Screen
  - 1.1.10 Educational Needs
  - 1.1.11 Educational Barriers
  - 1.1.12 Spiritual Needs
  - 1.1.13 Other Issues
  - 1.1.14 Unit Orientation
- 1.2 Upon admission, the RN interviews the patient and significant others (when available) and fills out the nursing portion of the Integrated Assessment form as completely as possible.
  - 1.2.1 If the patient or significant others are unable to give information, the reason is stated on the form.
  - 1.2.2 The RN may gather information on the patient from the source of referral and/or from collaborating discipline members.
  - 1.2.3 The RN may assign the LPN to collect the data for the nursing assessment form (i.e. vital signs, weight, height, medications being used)
  - 1.2.4 The RN may assign the psych tech to collect data for the nursing assessment form (vital signs and weight and height).
  - 1.2.5 The RN must confirm the data and information collected by other nursing staff members.
- 1.3 A progress note entry reflects that the nursing assessment has been completed.

10/87, 11/90, 1/91, 9/93; 4/98; 10/00 nursasses.pol

## **Chapter 1**

### **Patient Assessment**

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#### **POLICY:**

Monthly vital signs and weights are completed and documented on every patient.

#### **PROCEDURE:**

1. A monthly assessment of vital signs and weight is completed on every patient, unless otherwise there is a reason to complete the vitals signs and/or weights more frequently.
  - 1.1 Vital signs include blood pressure, pulse, respirations, and temperature.

2. The vital signs and weight are recorded on the unit vitals sheet as well as in each specific patient's chart.
3. A monthly assessment of the patient's vital signs and weight is included in the corresponding nursing monthly assessment note.
4. The RN assesses the patients' vital signs and refers significant problems to the MD/NP for follow-up, evaluation, and treatment if needed.

1/88; 9/93; 4/98; 10/00 ptasses.pol

## **Chapter 1**

### **Patient Assessment**

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#### **POLICY:**

The unit staff RN assigns nursing personnel to care for specific patients or groups of patients based on the employees' education, training, experience and licensure and the patients' acuity, problems/needs and level of intervention required.

#### **PROCEDURE:**

1. Information regarding individual patients or groups of patients is obtained through the patient acuity system, reports of other staff members, family members or friends, and all other pertinent data sources.
2. The assignment of nursing personnel is the responsibility of the Staff Registered Nurse and is consistent with the capabilities of the staff and patient.
  - 2.1 The Psychiatric Technician functions under the license and supervision of the staff Registered Nurse. He/she is accountable to the staff Registered Nurse for job assignments. (See Personnel Management Section, Job Description-Psychiatric Technician).
  - 2.2 The Licensed Practical Nurse functions under the supervision of the staff Registered Nurse and abides by the Licensed Practical Nurse's scope of practice statement from the Utah State Board of Nursing, (See Personnel Management Section; Job Description - Licensed Practical Nurse and the Nurse Practice Act of the State of Utah).
  - 2.3 The Registered Nurse functions under the supervision of the Unit Nursing Director and the guidelines and scope of practice statement from the Utah State Board of Nursing. (See Personnel Management Section, Job Description - Registered Nurse, and the Nurse Practice Act of the State of Utah).
3. Patient care assignments are made daily on each shift and are based upon the patient's status and the staff member's competence, including:
  - 3.1 the complexity of the patient's condition and required nursing care
  - 3.2 the dynamics of the patient's status
  - 3.3 the complexity of the assessment required by the patient
  - 3.4 the degree of supervision required by each member of the nursing staff
  - 3.5 the availability of supervision
  - 3.6 the relevant infection control and safety issues.

4. When a staff member is given a specific patient care assignment, the staff member is responsible for the following during the assigned shift:
  - 4.1 observing and reporting any change in the patient's condition psychiatrically and medically.
  - 4.2 assisting the patient work toward his/her treatment goals.
  - 4.3 documenting patient status including behaviors and staff interventions.

1/88,11/90; 9/93; 1/94; 4/98; 8/01 ptassign.pol

## **Chapter 1**

### **Patient Assessment**

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#### **POLICY:**

The staff nurse is responsible for teaching significant aspects of care in collaboration with the patient, family, and treatment team. The level of teaching is based upon the understanding of the patient and/or family members.

#### **PROCEDURE:**

1. The patient completes a permission to contact family form on admission.
2. The staff nurse collaborates with the patient, family members, and treatment team to assess the need for information.
3. The staff nurse teaches the patient about the importance of medications, compliance in administration, and adverse side effects as indicated by the individual patient's need.
4. The staff nurse and other nursing personnel teach components of activities of daily living to the patient.
5. The staff nurse and other nursing personnel teach other significant components of life skills to the patient.
6. The Clinical Nurse Specialists teach patients about their illness and methods of dealing with their illness when the treatment team refers the patient for this learning experience.
7. When a new treatment or structure is instituted for an individual patient, the treatment team decide on the approach to the patient concerning the changes.
  - 7.1 When agreed upon by the treatment team, the nurse explains the change in treatment and assesses the patient's level of understanding.
8. The patient's understanding is evaluated on an ongoing basis during the patient's stay at the hospital.
  - 8.1 The need for reinforcement of patient or family teaching is based upon the level of understanding.
9. The nurse includes the patient and/or family teaching on the patient's treatment plan and documents in the group notes as well as the weekly progress notes that teaching has been done.
10. The staff nurse assesses need for learning in all areas of self-care preparatory for discharge.
  - 10.1 The needs for self-care are included in discharge planning.
11. When a patient's family is involved in the patient's treatment and

discharge planning, the nurse assesses the family's level of understanding of the patient's required care.

11.1 The family is taught methods of caring for the patient and the level of understanding is re-evaluated.

11.2 This is completed on a progressive basis throughout the patient's stay at the hospital.

3/88; 9/93; 4/98; 8/01 pteduc.pol

## **Chapter 1**

### **Patient Assessment**

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#### POLICY

The philosophy of nursing services and the Utah State Hospital includes returning the patient to his/her optimal health. This encompasses prevention of complications of physical disability, restoration to optimal function, and adaption to an altered life-style. Nursing services focuses on the rehabilitation of the patient through the nursing process.

#### PROCEDURE

1. When a patient is admitted, the nurse completes a nursing assessment that identifies problems, and initiates a nursing care plan with interim objectives that focus on the identified problems.
  - 1.1 Areas of immediate need are identified through the nursing assessment screening process and the necessary contact with other disciplines is made to provide optimal coordination of care for the patient i.e. dietary, infection control, religious advisors, protective services, education personnel.
    - 1.1.1 The contact with the needed services is made via e-mail.
2. Physical disabilities are identified on admission by the nursing assessment, and by the Nurse Practitioner's admission history and physical examination.
3. Consultations with physical therapy, occupational therapy, and other rehabilitative resources are made through physician's orders.
4. The registered nurse assists physical therapy, occupational therapy, recreational therapy, and other rehabilitative services through programming on the patient care unit in areas such as self-care skills, interpersonal relationships, sleep patterns, mild to moderate physical exercise, range of motion, use of prosthetic devices, and other rehabilitative treatments.
5. When a treatment procedure on the patient care unit is placed under the jurisdiction of the registered nurse, the appropriate service trains the registered nurse in the correct procedures for that treatment; i.e., range of motion--- physical therapy; use of splints--physical therapy.
6. Nursing rehabilitative services at the Utah State Hospital are limited. When comprehensive rehabilitative nursing services are required for a specific patient, the physicians refer the patient to a comprehensive rehabilitative service.
7. Patients who have a physical disability that requires rehabilitation,

receive instruction in the areas of adaptive living skills, coping mechanisms, and health maintenance.

8. Discharge planning focuses on alternative living arrangements based upon specific needs.
9. The rehabilitative treatment of the patient remains a multidisciplinary team approach.

2/88; 9/93;1/94; 4/98; 8/01 rehab.pol

## Chapter 1

### Patient Assessment

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#### POLICY:

If an adult patient falls the RN assesses the patient for injuries.

#### PROCEDURE:

1. If a patient is witnessed falling to the floor or is found on the floor and does not get up independently, the RN assesses the patient for injuries.
  - 1.1 All staff who witness a patient fall or find a patient on the floor are taught not to get the patient up until the RN can make an injury assessment.
2. The Physical Assessment module of Nursing Education includes signs and symptoms of pelvic/hip injuries and methods for assessment of such injuries.
3. When a patient falls or is found on the floor, the RN completes the assessment and then notifies the MD/NP of the results of the assessment.
4. The staff member who witnesses the fall or finds the patient on the floor and the RN who completes the injury assessment document the incident and findings in e-chart.

6/01

#### POLICY:

Caffeine consumption by patients may interfere with their psychiatric treatment, particularly as it reduces the effectiveness of medications. (See USH:OPP Patient Management Chapter Section 19)

#### PROCEDURE:

1. Caffeninated coffee is not available to patients in hospital food services areas.
2. Individual patients' caffeine consumption from other sources may be limited.

Taken from USH:OPP 6/98; 8/01; 07/02 caffeine.pol

## Chapter 2

### Patient Management

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**Purpose:** To outline the nursing management of a patient with a CVAD.

**General Information:** A Central Venous Access Device (CVAD) provides a system for the intravenous administration of medications, blood products, and fluids; it increases patient comfort by avoiding multiple venipunctures associated with peripheral venous access; and it provides a means for obtaining blood samples. A physician performs insertion of the subclavian/femoral/jugular cannula. A certified RN inserts the PICC (Percutaneous Inserted Central Catheter) via an aseptic, invasive bedside procedure. A physician may surgically

place ports of tunneled catheters.

Non-tunneled catheters are intended for short term use (usually 60 days or less.)

Non-tunneled catheters have no cuff and do not pass through a subcutaneous tunnel.

Tunneled catheters are often inserted when long-term parenteral therapy is anticipated. The catheter is surgically implanted via the subclavian or jugular vein and terminates in the superior vena cava. A portion of the catheter passes through the subcutaneous tissue of the chest wall and exits to the right or left of the midline of the chest wall. A cuff forms a seal around the catheter.

**Protocol:** Management of the CVAD is performed by a qualified RN.

Adherence to Standard Precautions and sterile technique is required for all dressing, tubing, filter, cap, and site changes.

The RN is alert to possible complication(s) or dislodgement of the catheter. The MD is notified if the patient develops s/s infection (pain, fever, chills, increased WBCs, glucose intolerance); air embolus (hypotension, tachycardia, cyanosis, loss of consciousness); pneumothorax (diminished or absent breath sounds); infiltration (swelling at site, pain); phlebitis (redness, edema, pain, drainage.)

**General** 1. A 10cc or larger syringe is used for accessing a CVAD line for

**Guidelines:** administration of IV push medications, blood draws, and heparin flushes.

2. Keep all unused ports clamped at all times.
3. Clamp the lumen with every entrance and exit of the port.
4. Clamp catheter close to the site any time tubing is disconnected.
5. If unable to flush a line, DO NOT force solution. Consult with physician regarding line.
6. Clearly label any ports that become clotted: "**Clotted - do not use.**"
7. Before accessing or disconnecting any hub/port connections, clean the hub and IV tubing (while the connection is closed) with povidone/iodine swab, wait thirty seconds, then cleanse with one alcohol swab.
8. When CVAD line is discontinued, inspect the catheter for intactness. If a culture of the catheter tip is ordered, use sterile scissors/forceps to remove tip of catheter. Place tip in sterile collection container and send to lab for culture sensitivity test.
9. Measure the length of the external portion of the catheter and record it on appropriate document. Do not rely solely on this measurement as a guarantee of cannula position, but use it as a comparison if the line has been pulled or dislodgement is suspected.
10. If patient is restless or pulling on tubes, obtain order for use of safety device to prevent discontinuation of line. Implement appropriate protocols to manage patient if safety devices are warranted/applied.

### **PICC Line**

Hep-locked:

1. Heparin Flush: Flush Q day with 3cc of (100u/ml) Heparin using positive pressure technique.
2. Blood Draw: Flush line with 5cc saline. Before removing syringe from access port, draw back 3-4cc blood and discard syringe. Draw

appropriate amount of blood for sample. Flush line with 10cc saline using start/stop action to gently agitate and create turbulence against lumen walls. Finish with Heparin flush of 3cc of (100u/ml) Heparin using positive pressure technique. (Note: If blood draw is for blood cultures, do not flush line with saline prior to blood draw.)

3. Dressing Change: Q week and prn. Stabilize catheter while removing old dressing. Clean site with 3 alcohol wipes followed by 3 betadine wipes, cleansing in a "clean to dirty" fashion beginning at catheter site to approximately 3 inches beyond the site. Allow site to dry between each application. Do not remove Betadine. (If patient is allergic to Betadine, clean site with Hibiclens, wipe off with 2x2, and follow with Alcohol. Allow to dry between each step of cleaning.) Complete occlusive dressing by covering 2x2 with a transparent dressing. If patient is sensitive to transparent dressing, cover site with gauze and waterproof tape (making sure tape completely covers the gauze.)
4. Assess and document site each time catheter is flushed.
5. Flush with 5cc saline prior to and after administration of medications.

**Continuous Infusion:**

1. Obtain IV infusion pump.
2. Confirm prescribed flow/rate/type of solution for infusion.
3. Refer to pump guidelines for correct setting/use of pump.
4. Inspect tubing and connections Q 4 hours and prn to ensure it is secure and free of kinks or tension. Observe for any break or disconnection which could lead to bleeding or air embolism.
5. Leur-lock or tape each connection to ensure closed system.
6. Assess and document site Q 4 hours and prn.
7. Flush with 5cc saline prior to and after administration of medications if medication(s) incompatible with IV solution.

**PORT -A-CATH** 1. Flush Q 4 - 6 weeks per protocol.

2. Use Huber needle to access/flush.
3. Change Huber needle and dressing Q week.

**Other CVADs**

Hep-Locked: 1. Flush each unused port Q 8 hours with 3cc saline using positive pressure technique.

2. Hep-caps (IV adaptors) are changed Q 48 and prn.
  - A. Cleanse connection site with betadine and alcohol.
  - B. Fill new hep-cap with appropriate solution.
  - C. Clamp catheter with attached plastic clamp.
  - D. Remove previous cap and discard.
  - E. Apply new cap.
  - F. Remove clamp and flush according to protocol.

**Discontinuing CVAD:** 1. Obtain sterile gloves and suture removal kit (if applicable.)

2. Secure CVAD line while removing dressing.
3. Clip any sutures securing CVAD in place.
4. Instruct patient to perform Valsalva maneuver while catheter is removed.

- A demonstration may be necessary.
5. Remove catheter by firmly, gently, and steadily pulling on the catheter. Inspect tip for breakage.
  6. Immediately place gauze dressing on site, apply pressure to prevent any bleeding. An elastic-type tape covering may be indicated to assist with maintaining light pressure at site.

**Patient Teaching:** 1. RN provides appropriate teaching prior to performance of procedure(s).

**Documentation:** 1. RN documents all procedures, with findings and patient response.

**Trouble-shooting:** 1. If lumen flushes easily but unable to aspirate:

A. Reposition patient - such as elevate head of bed, turn patient to right or left side, lay patient flat, or raise the patient's arm on the same side as the CVAD above the head.

B. Attempt to aspirate, slowly.

C. Continue to use port as indicated.

D. Monitor closely for continued patency

10/3 /97; 8/01 CVAD.POL

## Chapter 2

### Patient Management

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#### CVAD GENERAL GUIDELINES:

1. RN adheres to Standard Precautions and sterile technique during all dressing, tubing, filter, cap, and site changes.
2. The RN is alert to possible complication(s) or dislodgement of the catheter. Notify MD immediately if the patient develops s/s infection (pain, fever, chills, increased WBCs, glucose intolerance); air embolus (hypotension, tachycardia, cyanosis, loss of consciousness); pneumothorax (diminished or absent breath sounds); infiltration (swelling at site, pain); phlebitis (redness, edema, pain, drainage.)
3. A 10cc or larger syringe is used for accessing a CVAD line for administration of IV push medications, blood draws, and heparin flushes.
4. Keep all unused ports clamped at all times.
5. Clamp the lumen with every entrance and exit of the port.
6. Clamp catheter close to the site any time tubing is disconnected.
7. If unable to flush a line, DO NOT force solution. Consult with physician regarding line.
8. Clearly label any ports that become clotted: "**Clotted - do not use.**"
9. Before accessing or disconnecting any hub/port connections, clean the hub and IV tubing (while the connection is closed) with povidone/iodine swab, wait thirty seconds, then cleanse with one alcohol swab.
10. When CVAD line is discontinued, inspect the catheter for intactness. If a culture of the catheter tip is ordered, use sterile scissors/forceps to remove tip of catheter. Place tip in sterile collection container and send to lab for culture sensitivity test.
11. Measure the length of the external portion of the catheter and record it

on appropriate document. Do not rely solely on this measurement as a guarantee of cannula position, but use it as a comparison if the line has been pulled or dislodgement is suspected.

12. If patient is restless or pulling on tubes, obtain order for use of safety device to prevent discontinuation of line. Implement appropriate protocols to manage patient if safety devices are warranted/applied.

**PROCEDURE: PICC LINE**

1. Hep-locked:
  - 1.1 Heparin Flush: Flush Q day with 3cc of (100u/ml) Heparin using positive pressure technique.
  - 1.2 Blood Draw: Flush line with 5cc saline. Before removing syringe from access port, draw back 3-4cc blood and discard syringe. Draw appropriate amount of blood for sample. Flush line with 10cc saline using start/stop action to gently agitate and create turbulence against lumen walls. Finish with Heparin flush of 3cc of (100u/ml) Heparin using positive pressure technique. (Note: If blood draw is for blood cultures, do not flush line with saline prior to blood draw.)
  - 1.3 Dressing Change: Q week and prn. Stabilize catheter while removing old dressing. Clean site with 3 alcohol wipes followed by 3 betadine wipes, cleansing in a "clean to dirty" fashion beginning at catheter site to approximately 3 inches beyond the site. Allow site to dry between each application. Do not remove Betadine. (If patient is allergic to Betadine, clean site with Hibiclens, wipe off with 2x2, and follow with Alcohol. Allow to dry between each step of cleaning.) Place a sterile 2x2 under and over the hub site to promote an occlusive dressing and to act as a moisture wick. Complete occlusive dressing by covering 2x2 with a transparent dressing. If patient is sensitive to transparent dressing, cover site with gauze and waterproof tape (making sure tape completely covers the gauze.)
  - 1.4 Assess and document site each time catheter is flushed.
  - 1.5 Flush with 5cc saline prior to and after administration of medications.
2. Continuous Infusion:
  - 2.1 Obtain IV infusion pump.
  - 2.2 Confirm prescribed flow/rate/type of solution for infusion.
  - 2.3 Refer to pump guidelines for correct setting/use of pump.
  - 2.4 Inspect tubing and connections Q 4 hours and prn to ensure it is secure and free of kinks or tension. Observe for any break or disconnection which could lead to bleeding or air embolism.
  - 2.5 Leur-lock or tape each connection to ensure closed system.
  - 2.6 Assess and document site Q 4 hours and prn.
  - 2.7 Flush with 5cc saline prior to and after administration of medications if medication(s) incompatible with IV solution.

**PROCEDURE: PORT -A-CATH**

1. Flush Q 4 - 6 weeks per protocol.
2. Use Huber needle to access/flush.
3. Change Huber needle and dressing Q week.

**PROCEDURE: HEPARIN LOCKS (IV ADAPTORS)**

1. Flush each unused port Q 8 hours with 3cc saline using positive pressure technique.
2. Hep-caps are changed Q 48 and prn.
  - 2.1 Cleanse connection site with betadine and alcohol.
  - 2.2 Fill new hep-cap with appropriate solution.
  - 2.3 Clamp catheter with attached plastic clamp.
  - 2.4 Remove previous cap and discard.
  - 2.5 Apply new cap.
  - 2.6 Remove clamp and flush according to protocol.

**PROCEDURE: DISCONTINUING CVAD**

1. Obtain sterile gloves and suture removal kit (if applicable.)
2. Secure CVAD line while removing dressing.
3. Clip any sutures securing CVAD in place.
4. Instruct patient to perform Valsalva maneuver while catheter is removed. A demonstration may be necessary.
5. Remove catheter by firmly, gently, and steadily pulling on the catheter. Inspect tip for breakage.
6. Immediately place gauze dressing on site, apply pressure to prevent any bleeding. An elastic-type tape covering may be indicated to assist with maintaining light pressure at site.

**DOCUMENTATION:**

1. RN documents all teaching and procedures, with findings and patient response.

**TROUBLE-SHOOTING:**

1. If lumen flushes easily but unable to aspirate:
  - 1.1 Reposition patient - such as elevate head of bed, turn patient to right or left side, lay patient flat, or raise the patient's arm on the same side as the CVAD above the head.
  - 1.2 Attempt to aspirate, slowly.
  - 1.3 Notify MD of possible fibrin sheath development and discuss use of Urokinase.
  - 1.4 Continue to use port as indicated.
  - 1.5 Monitor closely for continued patency.

10/3/97; 8/01

## Chapter 2

### Patient Management

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**PROTOCOL:**

1. The Boost or commercially prepared feeding must be used within 24 hours after opening, must be stored in the refrigerator between feedings, and must be warmed to room temperature prior to feeding.
2. The feeding cannot hang in the feeding bag for greater than 4 hours.

3. The feeding bag and tubing is rinsed with tap water after each feeding.
  4. The feeding bag and tubing is changed every 24 hours when a feeding pump is employed.
    - 4.1 The tubing stretches with cleaning and will deliver an inaccurate flow after 24 hours of use.
  5. The feeding bag and tubing is changed every 3 days when gravity is used as the method of delivery.
    - 5.1 Feeding systems are checked daily for damage, leaking, foreign material, etc.
  6. New feeding solution is not added to the system until the old feeding solution is completely infused and the system flushed with water.
    - 6.1 "Topping off" may support the growth of microorganisms.
- 11/98; 8/01 fdgsystems.pro

## **Chapter 2**

### **Patient Management**

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#### POLICY:

Utah State Hospital prohibits financial transactions between patients and employees and exchanging or giving of gifts. (See USH:OPP Patient Management Chapter Section 21)

Taken from USH:OPP 5/98;8/01 gifts.pol

## **Chapter 2**

### **Patient Management**

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#### POLICY:

The following protocol for diabetic guidelines is formulated for use by medical, nursing, social work, and recreational therapy staff. It provides information and recommendations for treatment of diabetic patients at the Utah State Hospital.

#### PROCEDURE:

1. Each unit has a copy of the diabetic guidelines kept in a place where it is accessible to medical, nursing, social work, and recreational therapy staff.
2. The diabetic guidelines are used as a reference material for treatment of diabetic patients and several of the conditions they may experience.
3. A physician's order is required to administer insulin and obtain specific lab work required, however, the guidelines for treating hypoglycemia and "sick day" recommendations may be initiated by nursing, social work and recreational therapy staff.
4. The diabetic guidelines are updated yearly or as needed.
5. All medical, nursing, social work, and recreational therapy staff are in-serviced on the diabetic guidelines, including new information.

6/03 diabguidprot

## **Chapter 2**

### **Patient Management**

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#### POLICY:

Blood glucose levels on patients are monitored on the unit by the unit RN/LPN through safe use of the MediSense PrecisionG glucometer.

**PROCEDURE:**

1. Each unit either has a MediSense PrecisionG glucometer or the instrument is shared with other units.
  - 1.1 The glucometer is kept in the medication room on the unit.
2. All staff RN's/LPN's receive training in use of the MediSense PrecisionG glucometer after being hired by the hospital and on at least an annual basis.
  - 2.1 The training is based upon booklets and manuals that are supplied by the manufacturer of the MediSense PrecisionG glucometer.
3. There is coordination within the nursing service for blood glucose monitoring of diabetic patients.
  - 3.1 The coordination of glucose monitoring includes daily control monitoring and patient monitoring.
4. Any defect or malfunction of the glucometer is reported directly to the MediSense Customer Support Center 24 hours daily via the 800 number provided by that company (1-800-527-3339).
  - 4.1 The MediSense PrecisionG company ships a replacement instrument to the unit upon request.
  - 4.2 Glucometers that are defective or malfunctioning are returned to purchasing for returning to the MediSense PrecisionG company.
5. Patients who require glucose monitoring are taught to check their own blood when they are able to demonstrate understanding of the process.
  - 5.1 A hand held Precision G glucometer is available for patients (who require glucose monitoring) to use when on home visits or on camp trips.
    - 5.1.1 The hand held glucometer is checked out of CentralSupply for the specific patient or camp trip and is returned after the event.

4/98; 3/99; 08/01glucom.pol

## **Chapter 2**

### **Patient Management**

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**EQUIPMENT:**

- . Precision ·G Blood Glucose System
- . Precision ·G Blood Glucose Test Strips
- . Precision ·G Low & High Control Solutions
- . MediSense Lancing Device or equivalent
- . Capillary tubes and bulb (as needed)
- . Soap and water
- . Precision ·G Operator's Manual
- . Gloves

**PROCEDURE:**

1. **Obtaining capillary Samples.**
  - 1.1 Wash and dry your hands and the patient's hands before obtaining

the sample.

- 1.2 Obtain the capillary blood using a recommended lancing device and an appropriate technique.
- 1.3 Avoid excessive squeezing of the puncture site.
- 1.4 Allow a well-defined, hanging drop of blood to form. Apply this drop directly to the target area of the test strip.
- 1.5 Cover the entire test area of the strip with the blood sample.

## 2. Testing capillary Samples using the standard mode.

- 2.1 At CONTROL test? Press NO.
- 2.2 At PATIENT test? Press YES.
- 2.3 Select the sample type as follows:

TO SELECT	PRESS
Capillary Sample ®	YES at <b>CAPILLARY SAMPL?</b>
Venous Sample ®	NO at <b>CAPILLARY SAMPL?</b>

then press **YES**

- 2.4 At **ENTER OPER ID**, type your operator ID and press **ENTER**. It is permissible to press **ENTER** without entering a number if no patient ID is required.
- 2.5 At **ENTER PATIENT ID**, type the patient ID and press **ENTER**.
- 2.6 At **SCAN BARCODE**, place the foil packed containing the test strip in the left side of the barcode reader slot with the barcode downward and facing you. Scan the barcode from left to right in one smooth, rapid motion.
- 2.7 At **INSERT ELECTRODE**, open the test strip foil packet at the perforation, marked with arrows, and pull the test strip approximately halfway out of the foil packet.
- 2.8 With the test strip still in the foil packet, insert the test strip into the test port with the contact bars facing upward.
- 2.9 Push the test strip into the test port until it stops and then remove the foil packet from the test strip.
- 2.10 At **APPLY CAP SAMPLE** or **APPLY VEN SAMPLE**, apply a drop of blood onto the target area directly from the finger or using a transfer pipette or capillary tube. The test starts automatically.

**AUTO START, SAMPLE ACCEPTED** and **RESULTS IN 20 SEC** appear on the display.

The display counts the number of seconds remaining in the test and then displays the result.

- 2.11 At **PRINT RESULTS?**, press **yes** to print the test result for this sample.

Press **NO** if you do not want to print the results.

- 2.12 At **REMOVE ELECTRODE**, remove the test strip from the test port. Discard the used test strip in an approved biohazard container.

The used test strip can be removed using the original foil packet for added safety.

- 2.13 Printed results to be taped onto diabetic lab sheet.

## 3. Control Monitoring.

### 3.1 Daily Control Monitoring

3.1.1 High & Low control solution bottles are dated when they are opened for the first time. The control solutions are used for only 30 days after being opened.

3.1.2 Checks are done and recorded q 24 hours on night (1st) shift.

3.1.2.1 When there are no diabetic patients are on a unit, the controls must be done at least weekly.

3.1.3 Results must fall within the given range before performing a patient's blood test.

3.1.4 Record all control results on the Daily Quality Control Record.

3.1.4.1 Take corrective action as needed.

3.1.4.2 Record any corrective action taken on the Quality Control Record.

4. A system that is shared by multiple patients is cleaned with a 10% solution of household bleach (sodium hypochlorite solution) daily and whenever contamination of the surface by blood is found. Care is taken not to spill any cleaning solution into the test port or internal components of the system.

4/98; 3/99; 05/03 glucom.pol

### **DIRECTIONS ON USE OF THE PRECISION-G GLUCOMETER**

#### **INSTRUCTIONS:**

1. Wash and dry your hands and the patient's hands before obtaining the sample.
2. Obtain the capillary blood using a recommended lancing device and an appropriate technique. Avoid excessive squeezing of the puncture site. Allow a well-defined, hanging drop of blood to form.
3. Apply this drop directly to the target area of the test strip. Cover the entire test area of the strip with the blood sample.

#### **PROCEDURE:**

1<TB>BD+>. Testing capillary Samples using the **standard mode**.

At **CONTROL** test? Press **NO**.

At **PATIENT** test? Press **YES**.

2. Select the sample type as follows:

TO SELECT ® Capillary Sample

PRESS **YES** ® at **CAPILLARY SAMPL?**

3. At **ENTER OPER ID**, type your operator ID and press **ENTER**. It is permissible to press **ENTER** without entering a number if no patient ID is required.
4. At **ENTER PATIENT ID**, type the patient ID and press **ENTER**.
5. At **SCAN BARCODE**, place the foil packet containing the test strip in the left side of the barcode reader slot with the barcode downward and facing you. Scan the barcode from left to right in one smooth, rapid motion.
6. At **INSERT ELECTRODE**, open the test strip foil packet at the perforation, marked with arrows, and pull the test strip

- approximately halfway out of the foil packet.
7. With the test strip still in the foil packet, insert the test strip into the test port with the contact bars facing upward.
  8. Push the test strip into the test port until it stops and then remove the foil packet from the test strip.
  9. At **APPLY CAP SAMPLE** or **APPLY VEN SAMPLE**, apply a drop of blood onto the target area directly from the finger or using a transfer pipette or capillary tube. The test starts automatically.

**AUTO START, SAMPLE ACCEPTED** and **RESULTS IN 20 SEC** appear on the display.

The display counts the number of seconds remaining in the test and then displays the result.

10. At **PRINT RESULTS?** Press **yes** to print the test result for this sample. Press **NO** if you do not want to print the results.

11. At **REMOVE ELECTRODE**, remove the test strip from the test port.

The used test strip can be removed using the original foil packet & discarding the used test strip in an approved biohazard container.

12. Printed results to be taped onto diabetic lab sheet.

#### **DAILY CONTROL MONITORING.**

1. High & Low control checks will be done and recorded q 24 hours on night (1st) shift.
2. Results must fall within the given range before performing a patient's blood test.
3. Record all control results on the Daily Quality Control Record.
4. Take corrective action as needed.

Record any corrective action taken on the Quality Control Record.

4/98; 8/01 glucom.pol

## Chapter 2

### Patient Management

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1. The RN/LPN is responsible to check the HIGH and LOW CONTROL of the glucometer daily when there is a diabetic on the unit.
2. When the HIGH CONTROL reads higher than 362 the following steps are taken to assure quality of the glucometer readings:
  - 2.1 Turn off the glucometer and wait five minutes, then test the HIGH CONTROL again.
  - 2.2 If still out of range get new control strips and test again.
  - 2.3 If still out of range move the glucometer out of any air drafts--this may shut the machine down--and test again.
  - 2.4 If still out of range have another RN/LPN do the test.
  - 2.5 If none of the above methods result in a successful reading, call the company for further directions. Use a glucometer from another unit until the problem is resolved.
  - 2.6 Document in the glucometer notebook the date of the test, the result, and the solution to the problem.
3. When the LOW CONTROL reads lower than 30 the following steps are taken to assure quality of the glucometer readings:
  - 3.1 Turn off the glucometer and wait five minutes, then test the LOW CONTROL again.
  - 3.2 If still out of range get new control strips and test again.
  - 3.3 If still out of range move the glucometer out of any air drafts--this may shut the machine down--and test again.
  - 3.4 If still out of range have another RN/LPN do the test.
  - 3.5 If none of the above methods result in a successful reading, call the company for further directions. Use a glucometer from another unit until the problem is resolved.
  - 3.6 Document in the glucometer notebook the date of the test, the result, and the solution to the problem.
4. Monthly Levey-Jennings Graphs are monitored by Nursing Administration to ensure the controls are within the limits of above 30 for LOW CONTROL and below 362 for HIGH CONTROL.
  - 4.1 When values are not within the above parameters, Nursing Administration requests documentation supporting the solution to the problem.

8/99; 9/99; 8/01 glucontrol.pol

## Chapter 2

### Patient Management

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#### POLICY:

Home visit opportunities are provided to patients with input and approval of treatment staff. (See USH:OPP Patient Management Chapter Section 26)

#### PROCEDURE:

1. Home visits are requested by the patient, guardian, family, and/or significant others.
2. All requests for a home visit are reviewed by the clinical treatment staff for appropriateness.
  - 2.1 All home visit requests and reviews are documented in the patient's medical record.
3. Home visits are granted when:
  - 3.1 the visit has a therapeutic intent (i.e., integration into the community, developing relationships with family, etc.);
  - 3.2 the visit is incorporated into the patient's treatment plan; and
  - 3.3 the treating physician writes an order for the home visit.
4. Prior to the Home Visit, the unit RN completes the Home Visit Data Sheet. This Home Visit Data Sheet is given to the person(s) providing the Home Visit and includes, but is not limited to:
  - 4.1 medications (dosage and time);
  - 4.2 activities that are not appropriate for the patient;
  - 4.3 who to call in the event of an elopement, acting out behavior, accident; etc.
  - 4.4 expected time of departure from and return to the hospital.
5. A Home Visit Form is completed for each home visit.
  - 5.1 The social worker completes the patient's goals before the patient leaves.
  - 5.2 After the patient returns, the nursing staff completes the form, reporting on the home visit and whether the patient met the goals.

5/98; 8/01 homevisit.pol

## Chapter 2

# Patient Management

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### POLICY:

Following a serious incident on the unit or off the unit involving patients and/or staff an incident debriefing is held to openly discuss the events of the incident as well as any emotions evoked by the incident.

### PROCEDURE:

1. Staff Meeting: All staff who are on shift are assembled to discuss the events of the incident.
  - 1.1 Every staff member present at the meeting has input in describing the incident and in brainstorming possible methods to prevent a similar incident in the future.
  - 1.2 Recommendations from this meeting are given to the unit SMT for review.
2. Following the death or suicide of a patient or staff member, all unit staff and appropriate others are assembled and informed of the details of the death as soon as possible after the facts of the death have been established. (See USH:OPP Patient Management Chapter Section 2)
  - 2.1 Unit staff may be called in after working hours to assist in dealing with a unit that is in crisis.
  - 2.2 Hospital crisis workers may be deployed to assess the situation and assist in the debriefing of the unit staff and patients, and begin bereavement groups as requested.
  - 2.3 A meeting is held for patients to give them appropriate details about the suicide/death.
    - 2.3.1 As many staff members as possible attend to observe the reactions of the patients.
    - 2.3.2 Patients are encouraged to talk to unit staff at any time about the incident, their thoughts, and fears with particular attention being paid to suicidal ideations.
  - 2.4 Review of Privileges: A review of each patient's privileges is considered.
    - 2.4.1 Off-ward hospital privileges are to be temporarily limited in the event that the clinical team feels doubt concerning a patient's orientation toward suicide.
  - 2.5 Memorial Service: A memorial service for the deceased patient/staff may be held at the hospital.
    - 2.5.1 The service is arranged through the family and/or hospital Chaplain.

## Chapter 2

### Patient Management

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#### PROCEDURE:

1. Use of Maxilift:
  - 1.1 Equipment is operated only by trained personnel
  - 1.2 Can safely lift up to 350 pounds
  - 1.3 Types of patients benefitting from use of lift
    - 1.3.1 Obese - too heavy to transfer/lift by staff
    - 1.3.2 Stroke - unable or unsafe to transfer self or bear weight
    - 1.3.3 Para/Quad - as above
    - 1.3.4 Acute/Chronic illness or injury - as above
    - 1.3.5 Falls - requires lifting from the floor
    - 1.3.6 Behavioral - puts self on floor, creating safety hazard for self and/or others
    - 1.3.7 Other - any situation that places patient and/or staff in danger of injury during the lifting/transferring process
  - 1.4 Use only equipment designed specifically for the Maxilift
2. Select appropriate sling to accommodate lifting patient into a bathtub, onto a toilet, or for use by an amputee
3. Check attachments, straps, and seams to ensure they are in good condition before using
4. Place sling around the patient so the base of his spine is covered (mid to lower thigh) and the shoulders and base of the head are supported
5. Teach the patient what to expect during the lifting procedure
6. Operation:
  - 6.1 When ready to place patient in sling, widen leg base of lift by "snapping" them open, and set brakes
  - 6.2 If patient is lying down: log roll patient onto side, fold sling in half and tuck beneath patient's back, log roll patient onto opposite side and unroll sling. Take care to position sling so patient is centered with appropriate support. Attach sling with the leg area first by pressing down on the lifting frame handle until the leg pieces can be attached. The frame may need to be lowered in order to attach the leg pieces. Attach the shoulder pieces second.
  - 6.3 If patient is sitting: place sling around patient, center sling, pull leg pieces under each thigh so that sling strap emerges on the inside of the thigh. Attach the shoulder pieces first, the leg pieces second. Again, the frame may need to be lowered. Care should be taken not to lower frame onto the patient.
  - 6.4 Lift the patient, taking care to note patient's position in the sling and in relation to the frame. Recline patient back slightly - this is the best position for transport and it reduces pressure on the patient's thighs.
  - 6.5 The lift operator may need to offer extra support and teaching,

- assuring the patient that he is safe and well-supported in the sling
- 6.6 Transport with legs of lift in closed (parallel) position only
- 6.7 Transport by steering with steering handle and stabilize tilting frame/patient when turning a corner
- 6.8 To return patient to bed or chair, reverse the procedure, making sure patient's weight is fully supported on the bed or chair before releasing leg and shoulder attachments
- 6.9 Move Maxilift away before removing the sling from beneath the patient
- 7. Safety Measures:
  - 7.1 If patient has fallen, employee should caution patient to remain lying down until evaluated by RN or MD
  - 7.2 Operator must use good body mechanics when using lift
  - 7.3 Ensure all attachments are securely in place before lifting patients
  - 7.4 Ensure patient is sitting safely and securely, so that no part of his body may be injured
  - 7.5 Engage brakes at appropriate times (while lifting, transferring)
  - 7.6 Ensure safe practices for batteries are followed
  - 7.7 Never use toilet sling for lifting or transportation (apart from toileting)
- 8. Maintenance:
  - 8.1 After each patient use, sling is inspected and if necessary, washed according to the instructions on the sling
  - 8.2 Remove plastic reinforcement pieces from the sling before washing and replace after washing
  - 8.3 Replace equipment showing signs of wear or damage
  - 8.4 Clean lift with a soap or synthetic detergent and water daily, using a sponge or brush and rinsing with clean water
  - 8.5 Recharge battery daily
  - 8.6 At least once a week inspect lift to ensure all mechanical pieces are secure and operational (follow manufacturer's guidelines)
  - 8.7 Examine lifting tapes twice a year and replace if worn or damaged in any way.

## Chapter 2

### Patient Management

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#### POLICY:

Upon a patient's return to Utah State Hospital after a medical separation, the RN does an assessment of the patient and contacts the attending physician who writes orders as necessary; and an Individual Comprehensive Treatment Plan team conference is scheduled. (See USH:OPP Patient Management Chapter Section 15)

#### PROCEDURE:

1. When a patient returns from medical separation, the patient is assessed by the unit RN.
  - 1.1 The documents accompanying the patient are reviewed for history and required physician's orders.
  - 1.2 The assessment of the patient is documented in the patient record.
  - 1.3 The RN notifies the attending physician (medical and psychiatric) or the on-call physician of the patient's return to the unit and includes the patient's present physical and mental status.
2. Within 24 hours of the patient's return, the attending physician writes orders as necessary concerning medications, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and any special procedures recommended for the health and safety of the patient.
  - 2.1 The rationale for the above, plus a description of the patient's condition, is contained in a physician's progress note.

5/98; 9/00 medsepret.pol

## Chapter 2

### Patient Management

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#### POLICY:

The Utah State Hospital provides the least restrictive environment possible in treatment of patients. The unit clinical director, with input and involvement of unit staff, determines when patients participate in on-campus and off-campus activities. (See USH:OPP Patient Management Chapter Section 1)

#### PROCEDURE:

1. The unit clinical director writes an order in the patient's chart when the patient is able to participate in on-campus or off-campus activities.
  - 1.1 As the patient's status changes, the unit clinical director writes an order reflecting the patient's current level status.
  - 1.2 If a unit has written policies and procedures regarding a level system which includes on and off unit activity privileges, the unit clinical director may write only one order corresponding to a patient's current level status. The order addressing the level system gives approval for on and off unit activities.

2. The multi-disciplinary treatment team reviews the list of all patients eligible for off-campus activities prior to the activity to approve each patient's participation.
  - 2.1 In absence of the unit clinical director, the treatment team may limit a patient's activities, but may not make them more liberal.
3. The unit RN may limit a patient's off-unit activity if it is therapeutically contra-indicated.
4. News media concerns about patient off-campus activities should be directed to the Director of Public Relations.

5/98; 8/01 offunit.pol

## **Chapter 2**

### **Patient Management**

---

#### POLICY:

Utah State Hospital has 24-hour, seven-day-a-week coverage by a licensed physician to assure adequate medical and psychiatric care for the patients. (See USH:OPP Patient Management Chapter Section 3)

#### PROCEDURE:

1. In the event that a patient's attending physician is not available, the on-call physician is called for medical or psychiatric problems or emergency situations, seclusion, and area restriction.
  - 1.1 The switchboard operator has the name of the on-call physician as provided by the secretary to the medical staff.
2. The unit RN calls the switchboard operator stating his/her name and the unit and requests the psychiatric or medical on-call physician be contacted.
3. The operator records this information on the switchboard call record and pages the physician.
  - 3.1 If there is no response from the person paged within twenty minutes, the operator records this, re-pages or calls the person at home, and notifies the RN on the unit.
  - 3.2 If the person on call has not answered in a reasonable amount of time given the situation, or the situation is an emergency, then the RN has the obligation to first check with the switchboard and then exercise his/her professional judgement in directing the operator to page the attending physician, the medical OD, or the Hospital Clinical Director.
4. The on-call physician then calls the operator who forwards the call to the RN on the unit.
5. The registered nurse provides the following information to the on-call physician:
  - 5.1 identity of the patient;
  - 5.2 chief complaint or reason for contact;
  - 5.3 current psychiatric and medical diagnoses;

- 5.4 current psychiatric and/or medical problem;
  - 5.5 medications and allergies;
  - 5.6 brief history associated with current problem;
  - 5.7 nursing assessment of the patient (including vital signs when appropriate); and
  - 5.8 what action is suggested for the situation.
6. USH Administration on-call is notified as deemed necessary in emergency situations, such as AWOLs, disasters, employee conflicts, staffing emergencies, physical facilities problems, security issues, etc.
- 6.1 The administrator on-call does not need to be notified of medical and psychiatric concerns handled by the O.D., unless they result in an emergency as described above.
  - 6.2 The hospital Nursing Shift Supervisor uses his/her discretion when calling the administrator on-call for other issues.

5/98; 9/00; 10/01 oncall.pol

## Chapter 2

### Patient Management

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**POLICY:** Patients have privileges, as appropriate, to leave their unit. Passes are used to identify patients with on-grounds and off-hospital grounds privileges who are not being escorted by staff. (See USH:OPP Patient Management Chapter Section 4: Pass Structure)

**PROCEDURE:**

1. Each patient treatment unit identifies, as part of their unit program, criteria by which patients are assessed and are granted the privilege of using an on-grounds or off-grounds pass.
2. Each pass represents a different level of privilege(s) allowed to the patient while using their pass.
  - 2.1 White Pass: Patient is cleared to escort themselves to and from therapeutic activities such as industrial assignment, excel house, school, OT, PT, etc.
    - 2.1.1 The unit staff are responsible to notify the staff of the area to which the patient is going at the time the patient leaves the unit.
    - 2.1.2 The staff member receiving the patient notifies the unit staff when the patient has reached his/her destination. If the patient has not reached their destination in a time frame considered adequate to escort themselves, the unit is also notified that the patient did not arrive.
    - 2.1.3 This process occurs in reverse when the patient leaves the area to return to the unit.
  - 2.2 Red Pass: A patient may have on-grounds privileges for up to an hour. They must be with another Red, Blue, or Green pass holder.
  - 2.3 Orange Pass: A patient may be off-unit, but must remain in the immediate vicinity of the building, i.e. ramp, lawn, etc.
  - 2.4 Blue Pass: A patient may be on-grounds for up to an hour by themselves.
  - 2.5 Green Pass: A patient may be on-grounds or off-grounds for up to twelve hours by themselves for therapeutic reasons identified in the patient's treatment plan.
3. Patients are required to wear their passes while off the unit and on hospital grounds, unless escorted by staff.
4. Each patient treatment unit utilizes sign out slips that designate which patient(s) from the unit is using their pass, the description of their clothing, the time they left the unit, their destination if indicated, and the time they are due back to the unit.
  - 4.1 An exception to this is the Life Habilitation Unit which utilizes a specialized door card system based on criteria in their unit program.
  - 4.2 The LHU uses a log system for the patients to sign in and sign out

when leaving the unit.

5. Each patient unit has a structure in place which designates a staff member to check the pass slips not less than every 30 minutes to monitor the patients using their passes. Units have the option to check these more frequently per their unit structure.

5/98; 8/01 passes.pol

## Chapter 2

### Patient Management

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#### POLICY:

Patients' personal property may be disposed of after a reasonable effort is made to contact the owner. Employees do not retain, use, or sell personal property of patients either as gifts from patients or as abandoned property. (See USH:OPP Patient Management Chapter Section 5)

#### PROCEDURE:

1. Clothing left by a patient may be disposed of after an effort to contact the patient is made.
  - 1.1 Thirty days after notification, if unclaimed, the clothing may be given to other patients or disposed of by the unit.
  - 1.2 Efforts of notification is documented in the patient's medical record.
2. Rings, earrings, watches, radios, TVs, wheelchairs, special equipment, etc.: Items such as these that are left by patients may be disposed of after every effort to contact the patient or the patient's family has been made. Efforts to contact the patient or family are documented in the patient's medical record.
  - 2.1 If the patient is not located within 90 days, an itemized list is prepared and submitted to the Business Office.
    - 2.1.1 The Business Office will dispose of the items in accordance with state policy.
    - 2.1.2 Patient funds/accounts are transferred to the State Treasurer's Unclaimed Property Fund in accordance with state policy if the patient and/or patient's family cannot be contacted.

5/98; 8/01 persprop.pol

## Chapter 2

### Patient Management

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#### PROCEDURE:

1. When a patient has any operative or invasive procedure off grounds, the MD/NP or the Medical Physician On Call are responsible to give orders for the patient's post-procedure care.
  - 1.1 When the patient arrives back on the unit following an invasive or operative procedure, the RN assesses the patient and then contacts the MD/NP or Medical Physician On Call to advise them of the patient's return to the unit and the patient's present condition.
    - 1.1.1 The MD/NP is responsible to contact the off grounds physician or facility to receive after-care instructions.
      - 1.1.1.1 The MD/NP gives the unit RN the necessary orders for post-procedure care for the patient.
2. The RN and other unit staff (as directed by the RN) are responsible to follow through with the MD/NP or Medical Physician On Call orders for post-procedure care of the patient.
  - 2.1 The unit RN notifies the MD/NP or Medical Physician On Call if the patient exhibits any unexpected symptomatology i.e. fever, redness at the operative site, bleeding, or other untoward s/s.

3/98; 8/01 postop.pro

## Chapter 2

### Patient Management

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#### POLICY:

Oxygen administration at Utah State Hospital is handled in a safe manner.

#### PROCEDURE:

1. All units have a supply of oxygen available for emergency use (e tank).
  - 1.1 The Rampton building has built-in oxygen equipment in the medical rooms as well as access to portable oxygen.
  - 1.2 The remainder of the hospital units have portable oxygen.
  - 1.3 When not in use, the oxygen tanks are checked weekly by the nursing staff for presence of oxygen and usability.
2. All units have an ambu bag, oral airways, and oxygen tubing available for emergency use.
3. Tank replacements for oxygen therapy are obtained by calling the warehouse, ext. 44712 during regular business hours; at other times Security obtains and delivers necessary oxygen to the unit.
  - 3.1 A small E cylinder operated continuously at low flows (2-3l/min) should last up to 3-4 hours.
  - 3.2 A large H cylinder operated continuously at low flows should last approximately 36 hours; at high flows (10l/min) a large H cylinder should last approximately 11 hours.
  - 3.3 Arrange for replacement of cylinders when the pressure gauge

- reads approximately 500 pounds of pressure remaining.
4. All staff RN's receive training in oxygen administration upon being hired at USH and at least annually thereafter.
    - 4.1 When a staff RN is unsure of the setup for oxygen delivery it is his/her responsibility to contact the supervisor for more training.
  5. When oxygen is in use, a sign is placed in a visible place near the entrance to the room stating that oxygen is in use.
  6. All electrical equipment is kept at least 3 feet from the oxygen administration equipment.
  7. Any defect in the oxygen administration system, such as a leak or a malfunctioning flowmeter, is immediately reported to the Director of Facilities Management.
    - 7.1 In the Rampton building there is an oxygen alarm just outside each nurses station on each unit which beeps when the oxygen gets below a certain pressure. There is also a digital readout which says low oxygen.
    - 7.2 Do not use the equipment if any defect is suspected.
      - 7.2.1 If using the built in oxygen equipment in the Rampton building and there is an alarm or digital readout of low oxygen notify Facilities (via telephone or radio) of the problem.
      - 7.2.2 If using a tank, label the tank with the identified problem.
      - 7.2.3 Obtain replacements from the warehouse.
  8. All oxygen tanks are secured during storage to prevent the cylinders from falling.
    - 8.1 Extra tanks are not stored in patient care areas.
  9. Oxygen concentrators are available on the Hope unit as an alternative source of oxygen for long term patient use.
    - 9.1 The oxygen concentrator cannot be used for greater than 5 liters/min of delivered oxygen.
    - 9.2 The air inlet filter is checked daily and cleaned whenever dirty.
  10. Oxygen tubing, cannulas, or masks are changed as needed to maintain a clean environment for oxygen delivery.
    - 10.1 Oxygen tubing is used for one patient and then disposed.

5-86; 6-90; 4-94; 9-95; 4/98; 6/00 oxygadmin.pol

## **Chapter 2**

### **Patient Management**

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#### **PROCEDURE:**

1. RN receives order from physician for saturation monitoring or RN determines need for monitoring based on nursing assessment.
2. RN places saturation monitor on patient's finger or toe.
3. Saturation level is obtained.
4. If saturation level is below 90% or patient condition warrants, the RN:
  - 4.1 Assesses patient's history, looking for cause of low saturation level
  - 4.2 Repositions patient
  - 4.3 Assesses accuracy of monitor

- 4.4 Makes appropriate corrections as able and consults with MD.
  - 5. If patient is receiving supplemental oxygen, documentation of the patient's oxygen saturation level includes documentation of whether the patient is evaluated off oxygen or on oxygen.
    - 5.1 If the patient is evaluated off oxygen the patient should be off oxygen for approximately 5 - 10 minutes (room air).
  - 6. Reportable conditions:
    - 6.1 Abnormal saturation levels for age and condition that fail to respond to nursing interventions
    - 6.2 Acute changes in pulmonary status
    - 6.3 Need for continued monitoring
    - 6.4 Need for suctioning
    - 6.5 Need for advanced respiratory support.
  - 7. Saturation levels are documented in appropriate places, which may include nursing progress notes, vital sign data sheet, pre-procedure checklists.
- 4/98; 9/00

## **Chapter 2**

### **Patient Management**

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#### **PROCEDURE:**

- 1. New Concentrators: depressurize by opening the flow meter until the alarm sounds.
- 2. RN obtains physician's order for oxygen therapy after assessing patient respiratory status.
- 3. RN turns on the unit - the green light indicates the power is on. An audible alarm will sound for 15 - 60 seconds.
- 4. RN lines up the front and back grids on the flow meter to accurately assess flow rate.
- 5. Air Inlet Filter is checked daily and cleaned whenever dirty.
- 6. An oxygen tank must be utilized if patient has oxygen need greater than 5 liters/minute.
- 7. Trouble-shooting:
  - 7.1 If alarm fails to sound when unit turned on:
    - 7.1.1 Turn unit OFF
    - 7.1.2 Turn the flowmeter ON
    - 7.1.3 Watch for the ball in the flowmeter to fall to zero, then turn unit ON again
    - 7.1.4 The alarm should sound; if not, turn the unit OFF and call supplier for assistance.
  - 7.2 If alarm fails to stop sounding after 60 seconds:
    - 7.2.1 Turn unit OFF
    - 7.2.2 Check power cord for proper placement
    - 7.2.3 If cord in place, check to ensure there is power to outlet
    - 7.2.4 Check filters for clogging or excessive dirt - clean and/or replace as necessary
    - 7.2.5 Check for obstruction of air flow into unit

7.2.6 Allow 10 minutes for compressor to cool before turning the unit back ON

7.2.7 Check to determine if flow rate greater than 5 liters - correct by turning flow rate down to ordered level.

8. Special Considerations:

8.1 Should a patient develop an acute medical condition requiring immediate oxygen therapy, a portable "E" oxygen tank must be employed.

8.2 A portable "E" oxygen tank must be employed when transporting patients off unit.

8.3 In the event of a power failure or fire drill, patients requiring continuous oxygen will be immediately placed on a portable "E" oxygen tank.

8.4 The location of electrical outlets and ability of patient to mobilize the concentrator should be taken into consideration when considering use of the concentrator.

9. RN documents patient's respiratory status, oxygen therapy, and trouble-shooting interventions in nursing progress notes.

4/98; 9/00

## Chapter 2

### Patient Management

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#### PROCEDURE:

1. RN obtains order for oxygen therapy from physician or RN determines need to initiate oxygen based on nursing assessment.

2. RN obtains oxygen tank and performs a visual inspection of tank and valve.

3. Remove seal from around bottom of valve.

4. Line up pins on regulator with notches on valve and tighten in place.

5. Open main valve with knob or lever.

6. Check pressure - if less than 500psi, replace tank.

7. Open regulator valve to set oxygen flow rate.

8. When oxygen not in use, turn off main valve and flow regulator.

9. Oxygen tanks must be in a transport cart or secured to the wall.

10. Keep tanks in an upright position at all times.

4/98; 8/01 oxygen.pro

## Chapter 2

### Patient Management

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**POLICY:** Utah State Hospital ensures the adequate safety of its' patients and staff through the prevention of contraband entering the units or being in the possession of patients.

#### DEFINITIONS:

1. Contraband--(1)Anything currently outlined by the program that a patient is restricted from or not cleared to possess according to their level in the treatment program or outlined in the physician's orders;

- (2) Any sharp objects, weapons, or potential weapons, i.e., knives, glass, shanks, nails, razors, files, tools, personally designed weapons;
- (3) Illicit drugs, alcohol, over-the-counter medications, medications absconded during medication time;
- (4) Food items as outlined by individual units;
- (5) Caustics and other potentially harmful substances (these may be checked out for cleaning purposes with staff supervision).
- (6) Personal hygiene items not permitted according to unit policy;
- (7) Items believed to be stolen;
- (8) Magazines, posters, books and pictures deemed inappropriate as determined by unit policy or as specified by a doctor's written order.

#### PROCEDURE:

1. All staff members are adequately trained in the process of searches (searches) of person and property.
2. In the event that a search becomes necessary, the Unit Clinical Director, Administrative Director, and Unit Nursing Director are notified.
  - 2.1 Upon approval of the UND or designee, searches are initiated.
3. The patients are notified of the impending search and may be confined to a specific area of the unit during the search.
4. A patient representative is assigned with the search team as a liaison for the other patients.
  - 4.1 The liaison is a representative for the patients, insuring that patient property is handled appropriately.
  - 4.1.2 Any problem is reported to the person in charge of the search.
  - 4.2 The Clinical Director or Administrative Director can give a waiver for the patient representative, if indicated for security reasons.
5. The staff are given assignments by the unit charge RN or a member of Security.
  - 5.1 The assignments include groups of 2 to do the search; adequate staff to stay with and monitor the patients; someone assigned to monitor, label and correctly place all contraband confiscated; and a clean-up crew who are responsible to make sure all patient items are properly placed, garbage picked up, and beds made whenever possible.
  - 5.2 The staff meets before the search procedure begins to insure that all are aware of their assignments; all staff members doing the actual search have been oriented to the search process; a plan is devised on how to complete the search; where and how to manage the patients; and to plan a debriefing to evaluate the process after completion.
  - 5.3 All staff members participating in the search wear gloves.
  - 5.4 All contraband confiscated is recorded in the patient's chart by the

- person assigned to the personal items.
- 5.4.1 If it is property of the patient it is labeled and locked in the patient's valuables area.
- 5.4.2 A list is made of the things taken, so patients and staff can be informed.
- 5.4.3 Food items considered contraband are thrown away.
- 6. Patients' belongings are treated with the utmost of care and respect.
  - 6.1 The unit doing the search is responsible for any loss or breakage of patient items or any mishap to patient belongings due to poor handling or care.
- 7. A search is not complete until the area and other items are restored to their original or improved state.
- 8. A physician's order must be obtained to do a strip search or body cavity search.
  - 8.1 These are done in an area that insures privacy for the patient and are planned in a manner to maintain respect for his personal dignity.
  - 8.2 Gloves are worn by the staff members doing the search and/or assisting.
  - 8.3 Only MD/NP's can do a body cavity search.

2/94; 3/94; 9/95; 6/01

Moved to Nursing p/p 5/98

search.pol

## **Chapter 2**

### **Patient Management**

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#### POLICY:

Utah State Hospital regulates smoking and tobacco use to promote health and to be in compliance with Utah Code. (See USH:OPP Patient Management Chapter Section 9)

#### PROCEDURE:

1. Smoking is prohibited in any Utah State Hospital building or within 25 feet of any building entrance or operable window in accordance with Utah Code 26-38-3.
2. Smoking is prohibited in state-owned vehicles.
3. Persons under the age of nineteen are not allowed to smoke in compliance with Utah Codes 76-10-104 and 76-10-105.
4. Smoking on and off grounds is defined per unit programming structures.
5. Cigarettes/cigars and tobacco are not used to reward positive behavior; nor are they withheld as a consequence of negative behavior.
6. Due to possible blood-borne pathogens, chewing tobacco is prohibited (29 CFR part 1910.1030).
7. The medical staff may limit or discontinue smoking for a patient if:

- 7.1 smoking adversely affects psychiatric treatment and/or
- 7.2 the patient has a documented medical condition that would be adversely affected by smoking.
- 9. Smoking cessation classes, medications, and other assistance are offered to those desiring to participate.

Taken from USH:OPP 5/98; 9/00 smoking.pol

## Chapter 2

### Patient Management

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#### PROCEDURE:

1. Use of SureTemp Thermometer
  - 1.1 Measures patient temperatures ranging from 84° F to 108° F.
  - 1.2 Oral, axillary, or rectal temperatures can be taken.
  - 1.3 Normal Mode: Oral readout displays in approx. 4 seconds  
Rectal readout displays in approx. 15 seconds  
Monitor Mode: Axillary readout displays in approx. 5 minutes
  - 1.4 Monitor Mode continuously displays the temperature.
    - 1.4.1 Long term monitoring
    - 1.4.2 Axillary temperatures
    - 1.4.3 When accurate temperature is unable to be taken in Normal Mode
  - 1.5 The unit works in the Normal Mode unless changed to Monitor Mode. To change to Monitor Mode, depress the mode button for more than 2 seconds. The unit converts back to Normal Mode each time probe is returned to storage well.
  - 1.6 To recall last temperature, press and release mode button when the screen is blank. Pressing the button a second time changes temperature from °F to °C.
  - 1.7 Probe covers are single-use and disposable which limits cross-contamination.
  - 1.8 Correct user technique is required to obtain an accurate temperature.
  - 1.9 An oral temperature is obtained unless contraindicated. The rationale and route used for temperature reading is documented if other than oral route is used.
2. Operation
  - 2.1 Remove probe from storage well.
  - 2.2 Observe display screen - test screen displays first (with audible beep,) followed by probe type (OrL or O = Oral).
  - 2.3 Load probe cover firmly onto the probe. Be careful not to hold or press the blue "ejection" button.
  - 2.4 Insert the probe tip into one of the sublingual pockets of the patient's mouth. Have the patient close his/her lips around the probe.
  - 2.5 Hold the probe in place, keeping the tip in contact with tissue during the measurement process. **Holding the probe still ensures a faster and more accurate measurement.**
  - 2.6 As the temperature is being taken, the display screen shows a "walking" segment - indicating measurement is in process.
  - 2.7 After the measurement is complete, a beep sounds and the temperature reading is displayed.
  - 2.8 Remove probe from patient's mouth and eject the probe cover into

appropriate receptacle. Return probe to the storage well.

- 2.9 If temperature measurement needs to be repeated, the probe cover must be removed and the probe returned to the storage well for display screen to clear.

- 2.10 When using the Monitor Mode, allow the temperature readout to stabilize for a minimum of 3 minutes before taking a reading.

3. Maintenance

A. Battery replacement is indicated by a flashing battery icon on the display screen.

B. The unit is cleaned with a mild detergent and a damp cloth.

C. Care should be taken not to scratch the LCD faceplate.

4. Trouble-shooting

A. For customer service, contact Welch Allyn at (800)854-2904.

B. Check probe placement under tongue if accuracy of temperature reading is in question. The probe must be placed in the sublingual pocket.

C. Ensure the patient has not had a cold or hot drink, or smoked at least 10 - 15 minutes prior to obtaining an oral temperature reading.

D. Ensure the thermometer is held still while the temperature is being taken.

E. **Caution: Improper placement of rectal probe may result in perforated bowel.**

4/98; 9/00 suretemp.pro

## Chapter 2

### Patient Management

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1. When a patient uses a urinary leg bag during ambulation and a urinary down drain bag when in bed, the following care is taken when changing from one bag to the other:
  - 1.1 The urinary bag attached to the catheter is carefully removed and the other urinary bag connecting point is cleansed with alcohol and attached to the catheter.
  - 1.2 The used urinary bag is emptied of urine and is then cleansed with a 1:10 ratio of household bleach and water.
    - 1.2.1 The household bleach must be maintained by the RN/LPN in a locked area and in small quantities and labelled.
    - 1.2.2 The bag is filled with approximately 200 cc of the household bleach and water mixture and then shaken for approximately 1 minute.
  - 1.2.1 The bleach is not mixed with water until immediately prior to use.
  - 1.2.2 The mixture is drained from the urinary bag and the connecting points are covered with the appropriate caps to maintain cleanliness.
  - 1.2.3 The cleansed urinary bag is stored until it is re-connected to the patient's catheter as described in 1.1.
- 1.3 When a new urinary bag is first used, the date of implementation is marked on the bag with a felt marker.
  - 1.3.1 Urinary bags are changed at least every 30 days or when no longer viable due to leakage.

5/98; 8/01 urinebag.pro

## Chapter 2

### Patient Management

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#### POLICY:

The Utah State Hospital recognizes the therapeutic potential of videotaping patients involved in various hospital activities. In order to guarantee confidentiality, videotaping, recording, photos, etc., must be done under the guidelines of the following procedures. This policy also applies for audiotapes, still pictures, movies, or any similar form of recording. (See USH:OPP Patient Management Chapter Section 17)

#### PROCEDURE:

1. No person may make any photographic record of hospital buildings, grounds, wards, or patients without prior approval from the Hospital Public Information Office and Clinical Director or designee.
2. Employees making videotapes for therapeutic purposes must make every effort to assure confidentiality to the patient(s) involved.
  - 2.1 No patient may be recorded without their knowledge and consent.
  - 2.2 Videotaping is defined as a treatment procedure, with appropriate

- consideration given to the indications and contra-indications of the procedure.
- 2.3 After the recording is made, it becomes the property of the hospital and may not be viewed by any individual not currently involved in the treatment of the patient. The tape may not leave the hospital grounds.
  - 2.4 No copies of the tape may be made without the written authorization of the Hospital Clinical Director and Superintendent/CEO.
3. Exceptions to the viewer regulations may be given only by the Medical Records Department.
- 3.1 Exceptions may include clinical/educational presentations to appropriate groups.
  - 3.2 Exceptions are granted only after the patient has given informed consent on the Hospital Informed Consent for Videotaping form (USH-115-0886).
    - 3.2.1 A clinical judgment must be made by a hospital psychiatrist verifying the patient's competence to give such an informed consent.
    - 3.2.2 A separate informed consent form must be used for each presentation and will apply for that event only.
  - 3.3 Requests for viewings by individuals not employed by the Utah State Hospital require the Hospital Clinical Director's signed approval.

Taken from USH:OPP 5/98; 8/01 videotap.pol

## **Chapter 2**

### **Patient Management**

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#### POLICY:

Utah State Hospital encourages and supports family, friends, volunteers, and appropriate others visiting patients. (See USH:OPP Patient Management Chapter Section 25)

#### PROCEDURE:

1. Unit weekday visiting hours:
  - 7:00 pm to 9:00 pm - Forensic Unit.
  - 4:00 pm to 9:00 pm - Children's Unit, Adolescent Unit.
  - 9:00 am to 9:00 pm - All other treatment units.
2. Unit weekend visiting hours:
  - 9:00 am to 9:00 pm - All treatment units.
3. Family, friends, clergy, legal counsel, volunteers, and appropriate others may visit patients.
  - 3.1 Persons desiring to visit minors must obtain approval by the parent/legal guardian and the unit clinical staff.
  - 3.2 Visits by ex-patients are approved on a case-by-case basis by the patient's physician or physician on call, and upon the physician's written order.

4. Clearance. Utah State Hospital encourages visitors to phone and obtain clearance before visiting.
  - 4.1 Attorneys and clergy visiting patients in an official capacity may visit at times other than the above identified visiting hours.
    - 4.1.1 Attorneys and clergy are encouraged to contact the patient's treatment team prior to visiting.
    - 4.1.2 Attorneys and clergy visiting in an official capacity are not encouraged to obtain a "visitor slip."
  - 4.2 Visits that disrupt a patient's therapy program or meals are discouraged.
  - 4.3 Special visits in emergency situations are accommodated. Those requesting special visits obtain clearance by the patient's physician/on call physician.
5. Visitor Pass. Upon arrival at Utah State Hospital, visitors obtain a "visitor slip" from the switchboard, which is located at the main entrance of the Heninger Administration Building.
  - 5.1 The switchboard informs the unit of a visitor's arrival and, upon approval, provides a "visitor slip" to the visitor.
  - 5.2 The visitor presents the "visitor slip" and proper identification upon arrival to the unit.
6. Visits may be limited or terminated if deemed non-therapeutic by the unit clinical director or physician on call. Justification for limitation or termination is documented in the patient's medical record. Doctor's orders limiting visits must be reviewed every seven days and a new order written if limitation is to continue.
7. Visitors may obtain a visitor's pass with approval from the patient's physician. Visitors with passes may go directly to the patient's unit and do not need to check in at the switchboard. The physician writes an order in the patient's chart.
8. Visits may be limited or terminated if deemed non-therapeutic by the unit clinical director or physician on call. Justification for limitation or termination is documented in the patient's medical record. Doctor's orders limiting visits must be reviewed every seven days and a new order written if limitation is to continue.
9. Patients may refuse visits.
  - 9.1 When a patient refuses a visit, visitors will be notified.
  - 9.2 Such an event is documented in the patient's medical record.
10. Each unit provides a designated visiting area for visitors and patients.
  - 10.1 Visitors remain in the visiting areas and do not access patient living areas.
11. Restricted Gifts/Items. Visitors desiring to bring gifts/items are encouraged to obtain clearance from the patient's treatment team prior to bringing the gift/item on the unit.
  - 11.1 Weapons or items determined to be "sharps" are not allowed on the hospital grounds.
  - 11.2 Coats, jackets, and purses are discouraged on the units.

11.3 Food items require staff clearance prior to visit.

11.4 Money being given to patients is left at the Switchboard Upon receiving such money, the switchboard provides the visitor a receipt indicating:

11.4.1 the amount received;

11.4.2 the date received;

11.4.3 the name of the patient who is to receive the money; and

11.4.4 the name of the visitor from whom the money was received.

11.5 Glass containers are not allowed on the treatment units.

Taken from USH:OPP 5/98; 9/00 visitors.pol

## Chapter 2

### Patient Management

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#### PROCEDURE:

1. Every patient care unit has a balanced weight scale.
2. All patients are weighed at least monthly and the weights are documented in the e-chart on the vitals sheet.
3. When there is concern about the patient's weight, weights may be done more frequently as ordered by the MD/NP.
  - 3.1 The patient is weighed at approximately the same time of day and after voiding.
  - 3.2 The patient is weighed with clothes on, nothing in any pockets and without shoes on.
  - 3.3 The same balanced scale is used for every weight.

4/98; 8/01 weights.pro

Medications ordered for patients are continued as prescribed while the patients are on day activities and on extended camp trips. Medications are administered by an RN or LPN on day trips and only by an RN on extended camp trips.

**PROTOCOL:**

1. Medications are packaged in individual envelopes for each patient and each dose.
    - 1.1 The envelope is labeled with the patients name, medication and dose, date and time to be given.
    - 1.2 Any special instructions for giving the medication are also included on the envelope.
  2. Medications are packed in envelopes from medication containers dispensed from the pharmacy.
  3. The envelopes with medications are prepared by the RN/LPN who will go on the trip with the patients.
    - 3.1 The RN/LPN indicates on the medication sheet in pencil the dose(s) of medications to be given to the patient during the off-grounds activity.
    - 3.2 The RN/LPN signs CT (for camp trip) for the medication given during the activity in black ink after the patients have returned to the unit.
  4. The medication sheets on the patients who are going on the camp trip are copied and are taken on the camp trip.
    - 4.1 The RN on the camp trip may use the copied medication sheets as a reference for the patients' medications.
- 12-87; 4-94; 9-95; 4/98 5/00; 01/04 campmeds.pol

## **Chapter 3**

### **Medication**

---

Medication may be checked out of the central drug cabinet on the Geriatric unit for new medication orders on afternoons, nights, weekends and holidays when the main pharmacy is closed.

**PROTOCOL:**

1. A copy of the available medications in the Central Drug Cabinet (CDC) is kept in each unit's Nursing Policy and Procedure Manual in the Appendix Section.
2. The unit RN who has an order to be filled is responsible to contact the SSRN on duty concerning the needed medication. The SSRN checks and verifies the order. The SSRN signs the order for the medication after the unit RN has signed it.
  - 2.1 The SSRN opens the medication room and the CDC to obtain the needed medication.
    - 2.1.1 The amount of medication removed from the CDC is enough to supply the patient until the main pharmacy is open.
  - 2.2 The SSRN signs out for the medication.
  - 2.3 The SSRN completes a pharmacy billing form for the medication

used and places it in the pharmacy orders envelope in the medication room.

2.3.1 The Geropsychiatric Unit LPN sends the replacement order, along with other medication orders, to the pharmacy.

2.4 The yellow pharmacy copy of the medication order is sent by the patient's unit to the pharmacy the next working day for filling the prescription.

2.5 When the replacement medication for the emergency cupboard is delivered to the Geropsychiatric Unit, the Unit's UND will place the medication in the cabinet.

3. The medication supply obtained from the CDC is completely used before the pharmacy supply is started.

4. If the medication ordered is not available in the Centralized Drug Cabinet on the Geropsychiatric Unit, arrangements can be made through the SSRN to obtain the medication from the Pharmacy at UVRMC.

5-86;4-94;9/95; 5/98; 08/01; 10/02; 01/04 cendrugadmin.pol

## **Chapter 3**

### **Medication**

---

Utah State Hospital adheres to the state and federal guidelines in ordering, administering, and maintaining all controlled medications listed in the Federal Controlled Substances Act of 1970.

#### **PROTOCOL:**

1. The pharmacy maintains a list of controlled substances dispensed at Utah State Hospital.

2. A current list of authorized prescribers and their DEA numbers is maintained by the UND on each unit.

2.1 The Medical Staff Coordinator updates the list as it changes.

3. The Director of Nursing notifies the pharmacy immediately if a member of nursing services is not authorized to administer controlled substances or other medications.

4. Supplies of controlled substances are kept under a double lock system except for those times when the medications are being set up for administration or when supplies are being inventoried.

4.1 Only authorized licensed nursing personnel (RN's, LPN's, and NP's administering medications) have access to controlled substances.

4.1.1 Pharmacy is allowed access to the controlled substances for inventory purposes.

5. An RN or LPN from the on-coming and the out-going shift are responsible for counting all of the controlled drugs and the narcotics keys at the beginning and end of each shift.

5.1 Each RN/LPN signs his/her name to the Inventory Drug Control Sheet.

5.1.1 The Inventory Drug Control Sheet is maintained by the UND on the unit for 3 years.

- 5.2 Discrepancies in the controlled substances count must be reported to the Director of Pharmacy, the Unit Supervising RN, and the Director of Nursing immediately upon the discovery of the discrepancy.
    - 5.2.1 In order to correct the count of the controlled substance, the RN writes the word "missing" on the line of the missing controlled substance and the Unit RN and Unit Nursing Director co-sign for the missing drug.
6. Ordering and re-ordering of individual patient or unit stock controlled drugs is the responsibility of the unit nursing staff.
  - 6.1 All controlled drugs dispensed from the pharmacy for unit stock are accompanied by a Controlled Drug Stock Sheet which lists the medication, dosage, prescription number and unit.
    - 6.1.1 The UND on the unit maintains a log book with the number of the controlled substance packaging or copies the Controlled Drug Stock Sheet when it arrives on the unit from the Pharmacy.
    - 6.1.2 All RN's/LPN's administering stock medications must sign for each patient receiving the medication.
    - 6.1.3 The completed Controlled Drug Stock Sheet is returned to the pharmacy to act as the prescription record for the patients and the medication and is kept by the pharmacy for 5 years.
    - 6.1.4 The UND makes a copy of the completed Controlled Drug Stock Sheet and maintains it in a file on the unit for 1 year.
  - 6.2 The environmentalist or designee picks up controlled substances from the pharmacy.
    - 6.2.1 The medications are in a stapled brown bag.
    - 6.2.2 The order is checked by two licensed nursing personnel on its arrival to the unit.
7. Controlled medications that must be "wasted" follow a set procedure.
  - 7.1 All controlled medications wasted by licensed nursing personnel must have a second licensed RN/LPN present to act as witness.
    - 7.1.1 Injectables and oral medications are disposed of in a sink with the water running.
  - 7.2 Both licensed RN's/LPN's must sign for the medications and put "wasted" to the side of the entry on the controlled drug stock sheet form.
8. Controlled medications reported as lost or missing are reviewed closely.
  - 8.1 The controlled drugs count is reviewed as well as the medication administration record.
  - 8.2 The RN's/LPN's who set up and administered medications are interviewed.
  - 8.3 Trends or patterns detected are opened to a full investigation and audit by Nursing and the Pharmacy.
9. Pharmacy conducts monthly inspections of all controlled drug storage

areas.

9.1 Reports of the monthly pharmacy inspection are left with the UND and the Director of Pharmacy.

12-87;6-90;4-94;9-95; 4/98; 10/00; 02/03; 01/04 contsub.pol

## Chapter 3

### Medication

---

#### PROTOCOL:

1. When a patient has a hep-lock (saline cap) peripheral IV, the IV is flushed with 3 cc's of Normal Saline every 8 hours.
  - 1.1 When medication is infused through the hep-lock (saline cap) IV, the hep-lock (saline cap) is flushed with 3 cc's of Normal Saline **before** the infusion of medication and with 3 cc's of normal saline **after** the infusion of medication is complete.
    - 1.1.1 If more than one medication is infused, the saline cap is flushed with 3 cc's of normal saline **between** the infusion of the different medications.

11/98; 01/01; 01/04

## Chapter 3

### Medication

---

RN's who start and care for IV's complete a certification class to assure competency in care of intravenous lines..

#### PROTOCOL:

1. RN's are trained in starting IV's and in troubleshooting any IV therapy problems.
  - 1.1 The training includes classes in fluid and electrolytes, IV solutions, PICC line care, venous access devices, IV medications, operation of IV pumps, and starting and caring for IV's.
2. When a patient requires insertion of an IV, the RN who is trained in intravenous therapy starts the IV.
4. When a patient is receiving IV therapy, trained RN's are responsible for care of the IV and delivery of the prescribed IV fluids and medications.
5. If problems with the IV occur, the trained RN troubleshoots the problems and correct them.
6. RN's discontinue IV's when there is an order to discontinue the IV therapy.

7-89; 6-90; 4-94; 9-95; 4/98; 8/01; 01/04 ivcert.pol

## Chapter 3

### Medication

---

Intravenous therapy is instituted by a qualified RN when indicated by the patient's physical condition.

#### PROTOCOL:

1. RN's who have completed an intravenous therapy course may start an intravenous infusion, adjust drip rates, and do IV therapy.

- 1.1 RN's may administer intravenous medication via IV push or piggyback and by venipuncture as ordered by the physician.
  - 1.1.1 During pharmacy hours, the pharmacists prepare the intravenous medication in the appropriate solution and send the medication solution to the unit.
  - 1.1.2 When intravenous medications are required and the pharmacy is not open, the RN is responsible for mixing the appropriate medication with the appropriate solution for administration to the patient.
2. In adults, the catheter is replaced and the IV site rotated no more frequently than every 72-96 hours. In pediatric patients, the peripheral catheters are not replaced unless clinically indicated
  - 2.1 If there is any suspicion of infection of an IV site, remove the cannula (needle) and send it to the laboratory for culture and sensitivity.
    - 2.1.1 The IV site may also be swabbed and the swab sent to the laboratory for culture.
3. The intravenous tubing, including add-on devices, is replaced no more frequently than at 72-hour intervals, unless clinically indicated.
4. The IV dressing is replaced when the catheter is removed or replaced, or when the dressing becomes damp, loosened, or soiled. Dressings are replaced more frequently in diaphoretic patients.
  - 4.1 In patients who have large bulky dressings that prevent palpation or direct visualization of the catheter insertion site, the dressing is removed and the catheter is visually inspected at least daily and a new dressing is applied.

5-85;6-90;4-94;9-95; 8/01; 08/03; 01/04 ivther.pol

## **Chapter 3**

### **Medication**

---

All patient care areas have an IV tray which is accessible to the nursing staff.  
PROTOCOL:

1. An IV tray is present in all patient care areas and includes the following items:
  - 1.1 Arm board, 9" (1)
  - 1.2 Bandage scissors, small (1)
  - 1.3 Alcohol swabs (12)
  - 1.4 Betadine swabs (12)
  - 1.5 2 X 2's - sterile (4)
  - 1.6 4 X 4's - sterile (4)
  - 1.7 Kling or Kerlix - 4" (2) non-sterile
  - 1.8 Band-aids - 1" (12)
  - 1.9 1" adhesive tape (3 rolls total) -variety of plastic, silk, paper
  - 1.10 2" adhesive tape (3 rolls total) -variety of plastic, silk, paper
  - 1.11 IV Tubing-Clave Primary IV set (2)

- 1.12 IV Tubing-Secondary IV or Transfer set (2)
  - 1.13 IV Tubing-Clave Extension set (2)
  - 1.14 IV Tubing-Clave Microbore Extension set (2)
  - 1.15 #18g. catheters (a total of 8) -- Cathlon, Jelco, Angiocath, Intima
  - 1.16 #20g. catheters (a total of 8) -- Cathlon, Jelco, Angiocath, Intima
  - 1.17 #22g. catheters (a total of 8) -- Cathlon, Jelco, Angiocath, Intima
  - 1.18 # 24g. Intima catheters (4)
  - 1.19 #18g. plain needles (3)
  - 1.20 #23g. butterfly needles (3)
  - 1.21 3 cc syringes with and without needles (4 of each)
  - 1.22 IV Start kits (3)
  - 1.23 IV fluid -- Lactated Ringers 1 Liter (1)
  - 1.24 IV fluid -- D5W 1 Liter (1)
  - 1.25 IV fluid -- Normal Saline 1 Liter (1)
  - 1.26 20 cc bottle of Normal Saline (1)
  - 1.27 Clave piggyback connector (1) to connect regular tubing to clave
  - 1.28 Clave multidose vial access spike (2)
  - 1.29 Clave needle-free injection site (Luerlock) (2)
  - 1.30 Dial-a-flo (1)
- 2. Some of the above items have expiration dates and are monitored for expiration.
    - 2.1 The earliest expiration date is written on a tag on the tray.
  - 3. Nursing personnel check the tag for expiration dates once per month.
    - 3.1 When an item has expired (i.e. the last day of the month of expiration) the item is removed from the tray and replaced by the RN on duty.
  - 4. Extra liters of IV fluid i.e. NS, D5W, and LR are kept in the medication room.

1/99; 2/01; 12/01; 02/02; 01/04 ivtray.pol

## Chapter 3

### Medication

---

Medications are administered to patients using a systematic method to minimize medication errors and to provide consistency for the patient.

#### PROTOCOL:

- 1. Medications are prepared for administration in a designated area by a designated licensed RN or LPN.
  - 1.1 Medications may be prepared in the medication area for distribution and administration for several patients prior to administering the medications.
    - 1.1.1 Controlled substances must be prepared in single doses and administered as soon as possible after preparation.
- 2. Preparation of medications includes the following:
  - 2.1 Prior to each medication pass, the RN/LPN preparing the medications first prints out a current medication order CHANGE

- report and follows the protocol for: Transcription of Medication Orders in nursing policies and procedures.
- 2.1.1 The patient's medication record is read to determine which medications are due for administration.
  - 2.1.2 The name of the drug, the dosage, route, and time are carefully noted.
  - 2.2 The appropriate medication container is procured from the medication cupboard.
    - 2.2.1 The label of the container is read three times: before preparing, while withdrawing the medication, and before returning the container to the cupboard.
  - 2.3 Medications are prepared for one patient at a time.
    - 2.3.1 Aseptic technique is used when preparing medications for administration.
    - 2.3.2 When all medications for a specific patient have been prepared the medication record is reviewed to validate that the correct medication, correct dosage, correct route, and correct time have been observed.
  - 2.4 The prepared medication is placed in the appropriate holder with the patient's picture and name behind the medication until the medication is given to the patient.
  - 2.5 Only the RN/LPN preparing the medications is in the medication room/area while medications are being prepared.
3. When administering the medications to the patients, each patient is identified by comparing the patient with the picture and name behind his/her medications on the medication holder.
- 3.1 The RN/LPN who prepared the medications also administers the medication to the patient.
4. Administer the medication to the correct patient.
- 4.1 Do not allow the patient to leave the administration area until the medication is taken.
    - 4.1.1 Check the patient's mouth to make certain the oral medications were swallowed.
    - 4.1.2 Patients on medication watch must remain in the area of staff under observation for 30 minutes after administration of oral medications.
5. Record administration by noting initials under the time on the medication record.
- 5.1 Enter full signature, title, and identifying initials in appropriate place on the medication record.
  - 5.2 Medications administered from 1430 to 0700 are designated by highlighting the box containing the time the medication was scheduled for administration.
    - 5.2.1 Time boxes for medications administered from 1431 to 2300 are highlighted in green.
    - 5.2.2 Time boxes for medications administered from 2301 to 0700

are highlighted in red.

5.2.3 Time boxes for medications administered from 0700 to 1430 are not outlined in a color.

- 5.3 Record controlled drugs on the Controlled Drug Record Sheet as well as on the patient medication record.
- 5.4 Record STAT, and single doses in the appropriate place on the medication record.
- 5.5 Record PRN medication doses on the PRN medication sheet.
- 5.6 When a patient refuses medication, the RN/LPN administering the medications draws a circle around the time to be given and initials the circle on the medication record.
- 6. The RN/LPN is responsible to report and document desired therapeutic responses and side effects on individual patients.
- 7. Medications are never left unattended.
  - 7.1 Only authorized personnel i.e. RN or LPN are allowed in the medication rooms.
- 8. Medication cupboards and medication rooms are kept locked at all times when unattended.
  - 8.1 The medication room door is shut at all times, even when occupied by an RN or LPN.
- 9. All RN's and LPN's are required to demonstrate competency in medication administration.
  - 9.1 All new RN's and LPN's attend a psychopharmacology class that teaches information about the medications used at this hospital.
  - 9.2 All nursing personnel who administer medications are monitored through the quality improvement process.
  - 9.3 All new nursing personnel are initially trained on the unit by nursing mentors.
  - 9.4 All nursing personnel who administer medications are given the option to attend continuing education classes on pharmacology issues on a regular basis.
  - 9.5 All nursing personnel who administer medications are required to attend continuing education classes on pharmacology issues as offered by this facility.

7/83;12/88; 9/89;4-94;9/95; 4/98 ;10/02; 6/03; 01/04; 05/04 medadmin.pol

## **Chapter 3**

### **Medication**

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All medications ordered and administered to patients are issued from the Utah State Hospital Pharmacy.

#### **PROTOCOL:**

- 1. The physician's order sheet is used as a prescription by the Pharmacy.
  - 1.1 After the medication order or group of orders has been written, the yellow pharmacy copy is detached and sent to the pharmacy.
- 2. Each new prescription is sent to the pharmacy.

- 1.1 All medication that is discontinued is returned to the pharmacy within 72 hours.
  3. Prescription orders for all medications ordered after 5:00 pm and on weekends are sent to the pharmacy the next working day to be filled.
    - 3.1 Medications from prescription orders written after 5:00 pm and on weekends are obtained from the centralized drug cabinet.
      - 3.1.1 If the medication ordered is not available in the Centralized Drug Cabinet on the Hope Unit, arrangements can be made through the SSRN to obtain the medication from the Pharmacy at UVRMC.
  4. Home visit medications and/or pass medications are written as new orders and sent to the pharmacy at least 24 hours before the patient is to leave (when possible).
  5. The Unit charge RN on the night shift generates a report from the MedEdge files of all new medications orders written during the past 24 hours.
    - 5.1 The RN double checks new orders against this report and validates correct transcription and correct pharmacy data including the medication.
- 7-83; 4-94; 9-95; 5/98; 08/01; 01/04 medorders.pol

## Chapter 3

### Medication

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Medications for individual patients are reordered from the current e-pharm prescription screen as needed..

#### PROTOCOL:

1. Medications for each patient are checked once a week and each container that has less than a one week supply is reordered by the unit RN/LPN.
  - 1.1 Medication re-orders must be to the Pharmacy by the first of the week to be filled that week.
2. Medications are reordered through the E-Pharm system on the computer. For specific instructions, click on the Help tab of e-pharmacology and follow the prompts.
3. The pharmacy fills the prescription and usually has it ready for pick-up by 5:00 pm the next day.
  - 3.1 The unit RN/LPN pick up the medication/s from the pharmacy.
    - 3.1.1 When narcotics are picked up, each package is visualized for correct numbers and completeness of the package.
    - 3.1.2 If the medication is being picked up for a trial leave, home-visit, off-grounds visit, or discharge, the contents of the packages are double checked with the pharmacy personnel.
      - 3.1.2.1 When the RN/LPN return to the unit with the medications for trial leave, home visit, off-grounds visit, or discharge, the medications are compared to the patient's MAR for correct medication and dosage.

- 3.2 If there is a need to pick up the medications earlier, the unit RN/LPN e-mails the Pharmacy to let them know the medications are required prior to the usual pick-up time.
- 4. In the event that leave medications are required and pharmacy preparation of medications before the patient leaves is not feasible (e.g. evenings, weekends, or holidays when pharmacy is closed), a nurse may package the medications in envelopes from existing unit supplies, providing the following criteria are met:
  - 4.1 The supply sent with the patient does not exceed a 24-hour supply.
  - 4.2 Medication envelopes are legibly labeled with the patient's name, medication name, medication strength or concentration, quantity, and dosing instructions.
  - 4.3 When possible, all medications for one dosing time (e.g. AM, noon, PM, or HS) are consolidated into a single envelope to simplify dosing, and encourage patient compliance with dosing directions.
    - 4.3.1 The envelope is labeled with patient's name, medication name(s), medication(s) strength or concentration, and quantity or quantities contained in the envelope.
    - 4.3.2 The dosing directions give the day and time the entire contents of the envelope are to be taken or administered, plus any special instructions.

7-83; 4-94;9-95; 5/98; 01/01; 01/04; 05/04 medreorder.pol

## **Chapter 3**

### **Medication**

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Medications on the unit are kept in an area separate from the patient living area and are also separate from the charting areas of the nursing office.

#### **PROTOCOL:**

- 1. Every unit has a medication area which has a locked door between the area and the patient living area.
  - 1.1 The door to the medication area remains closed and locked whenever a licensed person i.e. RN or LPN, is not in the medication room.
  - 1.2 Only RN's or LPN's are allowed in the medication room, except for pharmacy personnel when completing inventories.
    - 1.2.1 If maintenance personnel must enter the medication room to complete repairs, the RN or LPN must supervise the maintenance personnel while in the medication rooms.
  - 1.2 The dispensing area of the medication room is only open during medication dispensing times.
- 2. Controlled substances are kept in a locked area within the medication room (it requires unlocking two locks to access the controlled substances).
  - 2.1 All controlled substances are counted every shift by two RN's and/or LPN's--one from the oncoming shift and the other from the leaving shift.

- 2.1.1 The two RN's and/or LPN's who count controlled substances sign the Inventory Drug Control Sheet.
- 2.1.2 The Inventory Drug Control Sheet is returned to the Pharmacy when completed. A copy is maintained on the unit in the UND's office.
- 2.2 The controlled substances (narcotics) keys must be kept in the possession of the RN or LPN during the entire shift and then is passed on to the oncoming RN/LPN at change of shift.
- 2.2.1 The narcotics keys are never taken off the unit: when one RN/LPN leaves the unit, the keys are given to the RN/LPN who remains on the unit.
- 3. If a patient is admitted or returns from an off grounds appointment or visit with medications in their possession, the medications are locked in the medication room until they can be sent to the Pharmacy.
  - 3.1 Patients are not allowed to have any medications in their possession on the unit unless there is a physician's order directing the staff to allow the patient to do so.
  - 3.2 Controlled Substances must be locked in the controlled substances container in the medication room and accounted for every shift when counting controlled substances until they are sent to the Pharmacy.

5/98; 5/00; 08/01; 01/04 medstorage.pol

## **Chapter 3**

### **Medication**

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All medication/treatment orders are noted by the Unit Clerk, an LPN, or an RN and are second noted by a Registered Nurse.

#### **PROTOCOL:**

- 1. After a medication order is entered into the e-pharm system, the order is noted by the Registered Nurse or the Licensed Practical Nurse at the time the Medication Order CHANGE Report is printed. The order is noted a second time by a Registered Nurse at the time the Medication Order Change SUMMARY Report is printed.
  - 1.1 Orders for medications must include the patient's full name, prescribing physician, medication name, dose, frequency, route, start, and stop date, time, order date, indications, and instructions, if any, given by the prescribing physician. (See Help; Pharmacy, Nurse Rx Telephone Order Entry Instructions.)
    - 1.1.1 Any changes that need to be made to an existing medication order can be done by selecting Help; How to Enter a Medication Order into E-Chart.
  - 1.2 Telephone orders for medications or medication changes are written as given, read back to the physician as written, and the physician repeats it back once again.
  - 1.3 When a Medication Order CHANGE Report is printed, it must be noted and saved even if there are no changes on it.

2. Prior to a scheduled medication pass, the RN/LPN passing medications runs a Med Order CHANGE Report and prints any new Medication Administration Records (MAR) that coincide with that report. (See Help: Pharmacy, Med Order CHANGE Report.)
  - 2.1 The RN/LPN noting off the changes on the Medication Order CHANGE Report verifies the medications that are started, changed, or discontinued by comparing the order ID number of the medication being changed to the order ID number on the Medication Order CHANGE Report.
    - 2.1.1 Medications that are discontinued are crossed out with a red line.
      - 2.1.1.1 The RN/LPN draws a diagonal line, in red ink, through the medication and dose/time blocks. A horizontal line, in red ink, is drawn beginning on the date that the medication is discontinued and extending to the end of the column. The date of discontinuation is written in red above or at the end of the line.
    - 2.1.2 When there is a new medication ordered, the pharmacy receives the order through e-pharm and fills the prescription.
      - 2.1.2.1 The new medication is picked up from the pharmacy prior to the next medication pass.
    - 2.1.3 When a medication order is received after hours or on the weekend, the RN/LPN calls the SSRN on duty to obtain the medication from the Central Drug Cabinet.
      - 2.1.3.1 If the medication is not in the Central Drug Cabinet, the RN calls the physician to make him/her aware.
    - 2.1.4 When a medication order is changed or discontinued, or a new medication is ordered on a patient with a self-medicating box, the RN/LPN adjusts the medication from the patient's personal medication supply and makes changes in their medication box.
  - 2.2 The RN/LPN checks the "noted" box next to each medication as he/she verifies the medication change listed on the Medication Order CHANGE Report and signs the bottom of the Medication Order CHANGE Report form.
  - 2.3 Each time a new MAR is printed, the RN/LPN printing it outlines the time boxes for medications given during afternoon and night hours.
    - 2.3.1 The time boxes for medications given between 1430 and 2300 are outlined in green.
    - 2.3.2 The time boxes for medications given between 2300 and 0700 are outlined in red.
    - 2.3.3 The time boxes for medications given between 0700 and 1430 are not outlined in a color.
  - 2.4 The MAR with the new medication order is placed in the medication binder/book in front of all other current MARs for that patient.

- 2.5 The MAR with the discontinued medication is left in the medication binder/book until the end of the month when it is removed and placed in the patient's chart.
  - 2.6 The Medication Order CHANGE Reports, including those with no changes, are filed in a Medication Order CHANGE Report binder and kept on the unit for 30 days.
    - 2.6.1 After 30 days, the Medication Order CHANGE Reports are given to the Unit Nursing Director to review and discard.
  - 2.7 On the last day of the month, the RN/LPN on shift prints out new MARs for each patient on the unit and verifies that all medications are listed correctly for name, dose, time, route, and any applicable physician instructions.
3. PRN medication order changes are noted and processed at the same time the scheduled medication changes are noted on the Medication Order CHANGE Report. (Follow protocol #2).
  - 3.1 Each time a change is made in PRN medications, a new "Changed PRN and STAT MEDICATION ADMINISTRATION RECORD" is printed out for the patient and put into the PRN or MAR binder per protocol.
  - 3.2 The RN/LPN draws a diagonal line, using red ink, through the old PRN record and writes "discontinue" with the date above the line.
    - 3.2.1 Discontinued PRN forms are folded in half vertically and the new PRN record placed on top.
      - 3.2.1.1 Discontinued PRN sheets are left in the PRN/Medication book until the end of the month. The old MAR's and PRN sheets are then removed and put into the patient's hard-back chart.
4. Medication orders that include standardized lab protocols are not noted off until the required lab work has been completed.
  - 4.1 Medications with the standardized lab protocols include Tegretol, Dilantin, Lithium, Clozaril, Depakote, and Coumadin. (See Coordination of Care; Lab Work Protocol).
    - 4.1.1 The RN/LPN or Unit Clerk noting the medication order enters the required lab work into the computer program Med Edge.
    - 4.1.2 A lab requisition slip is completed for the ordered lab work and placed in the IHC Lab Book on the unit.
    - 4.1.3 A lab protocol tracking sheet is completed and filed in the unit lab book.
5. A Medication Order Change SUMMARY Report is completed by the unit RN every 24 hours.
  - 5.1 The RN prints the Medication Order Change SUMMARY Report and verifies that each Medication change has been marked on the MAR and that the new MAR is accurate as per item #2.
  - 5.2 The RN signs the Medication Order Change SUMMARY Report and files it in the corresponding binder.
  - 5.3 The Unit Nursing Director retains the Medication Order Change

SUMMARY Report sheets for 1 year.  
7/83; 4-94; 9-95; 5/98; 08/01; 01/04; 05/04 medtrans.pol

## **Chapter 3**

### **Medication**

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Only pharmacists, qualified RN's or qualified NP's are able to add medications to intravenous solutions.

#### **PROTOCOL:**

1. Check compatibility of the medication with the intravenous solution.
  - 1.1 If more than one medication is ordered, check to be sure all drugs and fluids are compatible.
2. Prepare medications according to the directions accompanying the medication.
3. Fill out the "Medication Added" label to include the name of the drug, amount added, by whom, and date, time, drip rate, and any other pertinent information needed.  
5-85; 6-90; 4-94; 9-95; 08/01; 01/04 mixiv.pol

## **Chapter 3**

### **Medication**

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Multi-dose vials are used at Utah State Hospital when indicated for administration of medication.

#### **PROTOCOL:**

1. A multi-dose vial is opened as per instructions on the vial, and marked with the date it was opened.
  - 1.1 Medication in a multi-dose vial is considered expired on its factory-labeled expiration date, or six months from the date it was opened, whichever comes first.
  - 1.2 Expired medications are returned to the pharmacy for disposal.
2. Prior to the six month-limit on the opened container, the unit RN/LPN may call the Pharmacy to determine if another area of the hospital has use for the medication.
3. Single dose vials are used one time only.
  - 3.1 If medication is left in the vial after administration of the dosage ordered, the remainder of the medication is wasted.

- 3.2 The wasted medication is documented by 2 RN's or 1 RN and 1 LPN per hospital policy.

7-83; 4-94;9-95; 08/01; 03/02; 01/04 multidose.pol

## Chapter 3

### Medication

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All patient care areas have a crash cart which is accessible to the nursing staff.

#### PROTOCOL:

1. A crash cart is present in all patient care areas and includes the following items:
  - 1.1 Portable suction machine (1)
  - 1.2 Yonkers suction catheter(1)
  - 1.3 Suction catheters (2)
  - 1.4 Ambu bag--appropriate size for population (1)
  - 1.5 Pocket Mask (1 size fits all, please see instructions) with one-way valve
  - 1.6 Disposable gloves, Large (1 Box)
  - 1.7 Flashlight and batteries (1)
  - 1.8 Sphygmomanometer (1)
  - 1.9 Stethoscope (1)
  - 1.10 Oxygen tubing (1 each, nasal cannula and mask)
  - 1.11 Arm board, 9" (1)
  - 1.12 Bandage scissors, small (1)
  - 1.13 Alcohol swabs (5)
  - 1.14 Betadine swabs (5)
  - 1.15 2 X 2's (5 sterile)
  - 1.16 4 X 4's (5 sterile)
  - 1.17 Kling or Kerlix, 4" non-sterile (1)
  - 1.18 Band-aids, 1"(5)
  - 1.19 2" Ace wraps (1)
  - 1.20 4" Ace wraps (1)
  - 1.21 ABD pads (2)
  - 1.22 1" adhesive tape (2 rolls) -paper & plastic
  - 1.23 2" adhesive tape (1 roll)--silk
  - 1.24 IV Tubing-Clave Primary IV set (2)
  - 1.25 IV Tubing-Secondary IV or Transfer set (2)
  - 1.26 IV Tubing-Clave extension set (2)
  - 1.27 IV Tubing-Clave Microbore Extension set (2)
  - 1.28 Clave multidose vial access spike (2)
  - 1.29 Clave needle-free injection site (Luer-lock) (2)
  - 1.30 Dial-a-flo (1)
  - 1.31 #18g. IV catheters (a total of 3) -- Cathlon, Jelco, Angiocath, Intima

- 1.32 #20g. IV catheters (a total of 3) -- Cathlon, Jelco, Angiocath, Intima
  - 1.33 #22g. IV catheters (a total of 3) -- Cathlon, Jelco, Angiocath, Intima
  - 1.34 # 23g. Butterfly IV catheters (1)
  - 1.35 #24 g. Intima IV catheters (1)
  - 1.36 3 cc syringes with and without needles (4 of each)
  - 1.37 IV Start kits (3)
  - 1.38 IV fluid -- Lactated Ringers 1 Liter (1)
  - 1.39 IV fluid -- D5W 1 Liter (1)
  - 1.40 IV fluid -- Normal Saline 1 Liter (1)
  - 1.41 20 cc bottle of Normal Saline (1)
- 2. Some of the above items have expiration dates and are monitored for expiration.
    - 2.1 The earliest expiration date is written on a tag on the cart.
    - 2.2 Nursing personnel check the tag for expiration dates once per month.
      - 2.2.1 When an item has expired the item is removed from the tray and replaced by the RN on duty.
  - 3. The cart is kept locked with a break away lock until used or restocked. When the nursing procedure cart is used, the lock is broken.
    - 3.1 After use of the cart, the RN on duty is responsible for restocking the cart and relocking it.

1/99; 2/01; 12/01; 02/02; 06/03; 01/04 crshcrt.pol

## Chapter 3

### Medication

---

Specific medications may be administered by RN's only.

#### PROTOCOL:

- 1. THE FOLLOWING MEDICATIONS MAY BE ADMINISTERED ONLY BY AN RN:
  - 1.1 Heparin
  - 1.2 Emergency kit medications used during a cardiac/respiratory emergency situation.
  - 1.3 IV medications including IV drips and IV pushes.
    - 1.3.1 For exceptions for IV certified LPN's see Utah State Hospital Patient Management Manual: Medication; IV Therapy.

5-85; 4-94; 9-95; 9/01; 01/04 rnmeds.pol

## Chapter 3

### Medication

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Patients who have progressed in treatment to a level of learning responsibility for their own care are encouraged to learn how to be responsible for taking their own medications without administration by the RN/LPN.

#### PROTOCOL:

1. The physician writes an order giving permission for the patient to carry his/her prescribed medications or to have a med box.
  - 1.1 The order includes the amount of medication to be given at one time.
  - 1.2 A progress note is made by the physician describing the patient's progress and justification for carrying own medications.
  - 1.3 The medications for self-medication are prepared by the pharmacy in prescription bottles with the administration instructions on each bottle
2. Medication boxes are used only when patients are able to administer their own medication.
  - 2.1 The physician's order is transcribed onto the medication sheet as per policy.
  - 2.2 The RN notes on the medication sheet that the patient sets up own med box under nursing supervision.
3. The Medications for the med boxes are set up by the unit RN/LPN along with the patient whenever he/she is able to do so.
  - 3.1 Controlled substances are not placed in the patient's med box for self-medication.
    - 3.1.1 Controlled substances are dispensed at the time the patient is scheduled to take the medication.
4. The RN is responsible to teach the patient the following: medication usage, possible side effects, routines, dosage, rationale for taking the medication and the importance of compliance and any other pertinent information.
  - 4.1 A progress note is made indicating the patient teaching done and the level of patient understanding.
  - 4.2 If a patient is involved in a medication education group, the RN leading the group indicates the patient's progress in the progress notes after each group session is concluded.
  - 4.3 The RN may delegate a portion of the patient medication teaching to an LPN but the RN is responsible to supervise the information given the patient.
  - 4.4 The RN may contact the Pharmacy for assistance with medication information to share with the patient.
5. Prior to administering medications in the med box, the unit RN/LPN checks the MAR/medication change report for changes in medication orders.
  - 5.1 If there is a change in medication for a patient using the med box system, it is the responsibility of the RN/LPN to make the changes in the med box.
6. The unit RN/LPN supervises the patient in taking the medications from the filled med box.
  - 6.1 When the RN/LPN gives the medication box to the patient, he/she directly observes the process for taking the medication to ensure

that it is done correctly.

6.1.1 The patient opens the appropriate section of medication to be taken on the day and time as ordered.

6.1.2 The patient empties the medication into a med cup and he/she checks the pills with the RN/LPN to assure proper dosage and time.

6.1.3 The RN/LPN adds any controlled substances that are ordered for that administration time.

6.1.4 The patient takes the medication and returns the med box to the RN/LPN.

7. When the RN/LPN gives the medication to the patient he/she initials the med sheet at that time only.

12-87; 4-94; 9-95; 7/98; 08/01; 04/03; 01/04 selfmed.pol

## Chapter 3

### Medication

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Patients at Utah state Hospital who contract a physical illness i.e. infections, disease, etc. and are receiving psychotropic medication are evaluated for possible need to change or hold psychotropic medication orders.

PROTOCOL:

1. A unit RN assesses the patient's physical status including a complete nursing assessment and vital signs.
2. A unit RN may place the patient on fluid intake and output status to help determine the patient's fluid balance.
3. The unit RN may hold psychotropic medications until the unit clinical director or OD is contacted concerning the patient's physical status.
  - 3.1 The unit RN may refuse to give a medication to a patient based upon his/her judgement of the possible adverse effects of the medication on the patient.
    - 3.1.1 Withholding a specific medication (based upon judged possible adverse effects of the medication on the patient) is reviewed when each dose of the medication is due.
  - 3.1 .1.1 When a medication is withheld for medical reasons the unit charge RN notifies the UND or the SSRN that the medication was not given and the rationale behind that decision.
  - 3.1 .1.2 The unit Psychiatrist or the Psychiatrist on call is also notified when a medication is withheld.

12-87; 4-94; 9-95; 5/98; 8/01; 01/04 sickmeds.pol

## Chapter 3

### Medication

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Leave medications, such as those sent for home visits, court visits, or discharge, are dispensed from the pharmacy.

PROTOCOL:

1. The medications are dispensed in child-proof containers (when legally required), and bear the following information:

- 1.1 prescription number,
  - 1.2 name of prescriber,
  - 1.3 medication name,
  - 1.4 medication strength or concentration,
  - 1.5 quantity dispensed,
  - 1.6 patient's name,
  - 1.7 date dispensed,
  - 1.8 dosing instructions,
  - 1.9 cautionary or warning labels if appropriate,
  - 1.10 pharmacy name, address, and telephone number.
2. In the event that leave medications are required, and pharmacy preparation of medications before the patient leaves is not feasible (e.g. evenings, weekends, or holidays when pharmacy is closed), a nurse may package the medications in envelopes from existing unit supplies, providing the following criteria are met:
    - 2.1. The supply sent with the patient does not exceed a 24-hour supply;
    - 2.2 Medication envelopes are legibly labeled with patient's name, medication name, medication strength or concentration, quantity, and dosing directions;
    - 2.3 When possible, all medications for one dosing time (e.g. AM, noon, PM, or HS) are consolidated into a single envelope to simplify dosing, and encourage patient compliance with dosing directions.
      - 2.3.1 In this case the envelope is labeled with patient's name, medication name(s), medication(s) strength or concentration, and quantity or quantities contained in the envelope.
      - 2.3.2 The dosing directions give the day and time the entire contents of the envelope are to be taken or administered, plus any special instructions if appropriate.

03/03; 01/04

## **Chapter 3**

### **Medication**

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All treatment orders are noted by the Unit Clerk, an LPN, or an RN and are second noted by a Registered Nurse.

#### **PROTOCOL:**

1. Orders for treatment must include the patient's full name, the date and time ordered, the method or route of administration, frequency of administration, time ordered for STAT treatments and the signature of the prescribing physician.

2. All treatments are transcribed onto the medication record in black ink.
  - 2.1 If a medication is involved in the treatment, the prescribing physician or Unit RN enters the medication order in e-pharm. (See: Transcription of Medication Orders under Medication)
3. Transcribe the treatment order exactly as prescribed in black ink onto a blank Medication Administration Record. Include the following:
  - 3.1 Adverse reactions to drugs, if applicable.
  - 3.2 Date started.
  - 3.3 Treatment name, frequency, and route.
  - 3.4 If treatment is to be done for a limited time, draw a horizontal line through all the time boxes when the treatment is NOT to be given.
  - 3.5 Indicate discontinuation date by drawing a red diagonal line through the treatment block and hour due block and a red horizontal line through the time boxes starting with the time the treatment was discontinued. Write the discontinuation date on or at the end of the line.
  - 3.6 If a treatment is changed, the new treatment is entered as above including the date ordered, name, dosage, frequency, and route.
4. After the order has been transcribed, draw a straight line under the last order and up the left hand side of the orders transcribed. At the bottom of the line, the transcriber signs his/her name and enters their title, the date and time.
  - 4.1 On the last day of the month, the RN/LPN on shift prints new MARs for each patient on the unit and verifies that all medications are listed correctly. He/she also transcribes any treatments, that need to be continued, onto the patient's new MAR along with any instructions for the treatment.
5. All orders which have been transcribed are verified (or noted again) by a Registered Nurse within 4 hours of the order being written.
6. Treatments on every patient are reviewed every 30 days and hand written on the Medication Administration Record for each consecutive month until the order is discontinued.

05/04

#### POLICY:

Utah State Hospital patients who are suspected to be victims of rape or physical abuse are referred to the appropriate outside medical provider, Adult Protective Services, or the Child Protective Services as appropriate.

#### PROCEDURE:

1. Children, youth, or adults who are admitted to the hospital or who return from home visits who have complaints of abuse or exhibit suspicious physical findings are assessed by the treatment team.
  - 1.1 The RN documents any physical findings in the patient's chart and notifies the NP/MD of those findings.
    - 1.1.1 The NP/MD examines the patient and documents the findings in the patient chart.
  - 1.2 The RN notifies the unit or on-call Psychiatrist of the abnormal

physical findings.

- 1.3 The RN notifies the unit AD and/or the Shift Supervising RN of the concerns about the patient.
- 1.4 The RN notifies Risk Management via e-mail and/or voice mail of suspected abuse.
  - 1.4.1 Risk Management is responsible to notify outside agencies such as Adult Protective Services, Child Protective Services, and/or Provo City Police Department.
2. Patients who are suspected victims of sexual abuse are transferred to UVRMC Emergency Room for physical assessment.
3. The RN completes an incident form on PIRS.

6/98; 10/00 abuse.pol

## Chapter 4

### Emergency Services

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#### POLICY AND GENERAL STATEMENT:

Anaphylaxis is a medical emergency and requires rapid recognition and management. Untreated, anaphylaxis may lead to shock, airway obstruction, cardiac arrest and death. All cases of anaphylaxis require activation of the Emergency Medical System, i.e., paramedics and referral to a general hospital emergency center. USH physicians, nurses and other employees respond to all suspected cases of anaphylaxis and render first-aid. Definitive medical treatment is rendered according to the level of expertise, clinical privileges and the laws regulating the practice of medicine in the State of Utah.

However, USH recognizes that immediate administration of epinephrine is imperative and this Policy provides for administration of epinephrine, without a physician or RNP order, by licensed nurses, and others, including but not limited to recreational therapy staff, who have successfully completed USH training in, "First Aid Administration of Epinephrine".

#### DEFINITION:

Anaphylaxis, also known as "allergic shock" is a severe allergic response to medications and other allergy causing substances such as insect stings, spider bites and foods. Such Type I Hypersensitivity Reactions, may be classified according to the level of the reaction and expected treatments.

#### SYMPTOMS:

- |                                |                        |
|--------------------------------|------------------------|
| -hives                         | -confusion             |
| -generalized itching           | -slurred speech        |
| -nasal congestion              | -rapid pulse           |
| -difficulty breathing          | -palpitations          |
| -cough                         | -nausea and vomiting   |
| -blueness of the skin          | -diarrhea and cramping |
| -fainting, lightheadedness     | -wheezing -dizziness   |
| -skin redness and inflammation | -anxiety               |
| -nasal flaring                 | -stridor               |
| -low or reduced blood pressure |                        |

Be sure use the above definition and s/s to differentiate between anaphylaxis and a dystonic reaction.

#### TREATMENTS:

1. Mild Reactions; generalized pruritis, urticaria, angioedema, mild wheezing, nausea and vomiting, etc.
  - 1.1 Assess patient and obtain history, i.e., recent medication, stings, bites, ingestion of known or suspected allergens - foods.
  - 1.2 Notify medical and psychiatric staff.

- 1.3 If symptoms are rapidly progressing, CALL PARAMEDICS.
  - 1.4 Give epinephrine 1:1000, 0.3mL, subcutaneously (adults) and 0.01 mL/kg to children.
  - 1.5 May repeat epinephrine 1:1000, 0.3mL, subcutaneously (adults) and 0.01 mL/kg subcutaneously to children in **15 minutes (one time only)**.
  2. If the anaphylaxis is thought to be due to an IM medication injection, apply a constrictive device above the injection site to reduce systemic absorption of the antigen, administering ½ of the epinephrine dose above the injection site and the other ½ directly into the injection site.
  3. If there is a moderate to moderately severe anaphylactic reaction, with angioedema but without evidence of cardiovascular involvement, management is by medical personnel only i.e. MD/NP.
  4. Severe anaphylactic reactions are managed at UVRMC.
- 7-83, 4-94, 8-98, 10/98; 8/01 anaphyl.pro

## Chapter 4

### Emergency Services

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#### POLICY:

All human bite injuries i.e. a bite inflicted on a person by another person, are assessed by the nursing staff and receive immediate first aid. The psychiatric and medical on-call physicians are contacted for further management.

#### GENERAL STATEMENT:

Human bites occur most frequently among adolescents and young adults. Almost all occur as a result of anger. Many bites require specialized medical care by a plastic surgeon according to their severity and potential for complications.

Many bites are not true bites but occur when a closed fist impacts on another person's teeth. These types of injuries may appear deceptively minor. As the person's fist strikes the opponent's mouth, an irregular laceration over the dorsal surface of the MCP joint typically occurs which often extends into deeper structures such as the extensor tendon or joint space. When the attacker then extends his/her fingers, the dorsal expansion hood recedes, thereby sealing the wound into the joint space. Infection rates range from 14-50%. An orthopedic surgeon is generally consulted in these cases.

#### INFECTION:

Staphylococcus aureus is isolated in the majority of infected bite wounds. This organism is not part of the normal human oral flora and is thought to come from the victim's own skin. However, many infections are due to the many Gram-positive and negative organisms, plus anaerobic organisms, found in the mouth of the "biter". Clostridium tetani has never been cultured from a human mouth and a human bite has never been reported to transmit tetanus; however, tetanus prophylaxis is generally considered standard treatment.

#### PROTOCOL:

1. Lavage the wound as soon as possible. Tap water from a sink faucet is acceptable.
  - 1.1 When available, normal saline lavage using a large bore syringe is preferable.
2. Physically cleanse the wound using soap and water and sterile gauze.
3. After cleaning the wound with soap and water, irrigate thoroughly again, and cover wound with a dry sterile gauze pad.

4. Notify the on-call medical physician.
  - 4.1 The patient is generally sent to the UVRMC if the wound is extensive, on a joint, or otherwise complicated.
  - 4.2 Ask for specific wound care instructions, including topical antibiotics, and a tetanus booster.
5. Send e-mail or leave a voice mail for the Director of Medical Services in every case of a human bite.
6. When an employee is injured in the incident, follow the Occupational Exposure Control Plan.

6-90, 8-98; 8/01 bite.pro

## **Chapter 4**

### **Emergency Services**

---

#### **POLICY:**

All diagnosed cases of hemorrhage, either internal or external, not including small open wounds that can be treated by first aid measures, are reported to the MD/NP.

#### **PROCEDURE:**

1. Small open wounds may be treated by RN with first aid (applied pressure and dry sterile dressing).
  2. Cases involving possible internal injuries, fractures, bleeding disorders, infection, dehydration, change in vital signs, uncontrolled bleeding, or head injuries have the following orders initiated immediately:
    - 2.1 Assess vital signs, treat cardiac/respiratory arrest as needed;
    - 2.2 IV Lactated Ringers or Normal Saline solution run as fast as possible with 16 gauge or 14 gauge needle to prepare for possible referral to UVRMC for blood or plasma transfusion;
    - 2.3 Vital signs every five minutes; and
    - 2.4 Continue data collection and assessment for history and etiology as MD/NP and/or paramedics are being contacted.
  3. Continue to assess and/or treat for shock as needed until consultation with the MD/NP or referral to paramedics is made.
- 6-90, 4-94; 4/98; 8/01 bleeding.pol

## **Chapter 4**

### **Emergency Services**

---

#### **POLICY:**

All burns diagnosed as third degree (full thickness burns that may have charred or whitish appearance and anesthesia) and/or second degree burns involving an area larger than the examiners hand, and facial burns, are reported immediately to the MD/NP with possible referral to outside provider.

#### **PROCEDURE:**

1. Emergency first aid is given for all burns.
  - 1.1 Sterile dry dressings are placed over second and third degree burns.
2. All burns incurred from self-abuse are reported to the treatment team

and attending psychiatrist with recommendations made for staff one-to-one watch.

6-90, 4-94; 4/98; 8/01 burns.pol

## **Chapter 4**

### **Emergency Services**

---

#### POLICY:

The Utah State Hospital (USH) uses a CODE 10 message broadcast over the public address system to notify all hospital personnel of emergency situations involving violence.

#### PROCEDURE:

1. The purpose of CODE 10 is to obtain additional staff to assist in calming a potentially violent patient.
2. The unit RN, or designee, notifies the switchboard operator if additional support is needed to control a patient who is escalating and potentially violent
  - 2.1 The RN or designee requests the Switchboard Operator to announce CODE 10 for the building, or the entire Hospital, depending on the amount of support needed.
3. The Switchboard Operator announces CODE 10 and the location, via two way radio and/or the overhead public address system and two-way radios.
  - 3.1 The Switchboard Operator notifies Security of the CODE 10.
4. The charge RN sends all available staff who are trained in Safety Intervention Techniques to the area of the CODE 10 immediately.
5. CODE 10 is not used in a hostage situation.

6-86, 6-90, 4-94; 5/98; 8/98; 8/01 code10.pol

## **Chapter 4**

### **Emergency Services**

---

#### POLICY:

The Utah State Hospital uses a CODE BLUE message broadcast over the public address system to notify all medical and nursing personnel of emergency situations involving a cardiac and/or respiratory arrest. A CODE BLUE message can also be used in other medical emergencies when loss of life is imminent to summon additional medical and nursing staff.

#### PROCEDURE:

1. Any staff member(s) discovering a patient with a cardiac/respiratory arrest immediately uses the emergency number "44222" to contact the switchboard.
  - 1.1 Do not hang up on the switchboard operator until it is clear that the operator has the entire message correct.
  - 1.2 The staff member discovering the patient is responsible for initiating CPR.

2. The following message (or something similar) is given to the switchboard:  
"I am (name) from \_\_\_\_ unit. I need to report a cardiac and/or respiratory arrest in (location). Please announce a CODE BLUE."
3. The switchboard's response is to immediately:
  - 3.1 Notify the entire hospital of the emergency situation by using the following message over the public-address system and two-way radios:  
"Attention please. Attention please. CODE BLUE, \_\_\_\_ Unit, (location)."  
Repeat the message loudly and clearly three times in succession.
  - 3.2 Notify the medical OD via the beeper system.
  - 3.3 Notify security and on evenings, nights or weekends and holidays notify the shift supervisor via two-way radio.
  - 3.4 Notify additional medical personnel via the beeper system.
  - 3.5 Repeat the "CODE BLUE" message after approximately two minutes unless it has been canceled.
  - 3.6 Await notification from unit personnel before the paramedics or EMT's are called.
4. Unit Medical/Nursing Personnel Response:
  - 4.1 All MD's, NP's, RN's and LPN's go immediately to the identified area.
  - 4.2 The first new person on the scene assists the staff member (who discovered the patient) with CPR and life-saving measures.
  - 4.3 The second person on the scene assists as needed and assumes recorder/coordinator role. This role is assumed by an RN or RNP if feasible.
  - 4.4 Additional responders are assigned roles as needed, i.e., runner, telephone coordinator, traffic control, etc.
  - 4.5 Psychiatric technicians may be pulled from other areas as needed to help with patients in emergency area.
5. Same Building Medical/Nursing Personnel Response:
  - 5.1 All MD's, NP's, RN's and LPN's, who are able to leave their own area, go immediately to the identified area.
  - 5.2 Relieve original staff as needed, assume roles as needed, and wait for assignments.
    - 5.2.1 The UND or the SSRN takes charge of the emergency and decides upon assignments after they arrive at the scene..
6. Other Building Medical/Nursing Personnel Response:
  - 6.1 All MD's, NP's, RN's and LPN's who are able to leave their own area report to the designated emergency area and receive assignments.
  - 6.2 If sufficient numbers of personnel are available, return to assigned unit. Remain in telephone range and report to switchboard as to availability.
7. If possible, the unit assigns staff members or responsible patients to remain at the entrance of the unit to direct the emergency-response

team to the area and to direct unnecessary traffic away from the area.

7.1 If Security personnel are available they direct emergency personnel to the area and direct unnecessary traffic away from the area.

8. On the night shift, psychiatric technicians who can be spared from units (along with RN's), report to the CODE BLUE site to assist with emergency procedures.

9. Canceling the CODE BLUE Emergency Response:

9.1 In the event that the situation is resolved shortly after the initial call into the switchboard, the unit is responsible for calling the switchboard and asking for an all-clear message to be given to all other units.

9.1 .1. The switchboard uses the public-address system to give the following message:

"Attention please. Attention please. CODE BLUE, \_\_\_\_\_ unit all clear."

9.2 If ambulance service is requested and obtained, the switchboard uses the all- clear message when the ambulance leaves the hospital.

10. Definition of Roles:

10.1 **Recorder:** Takes notes of what procedures are used during an emergency responses, i.e., IV's, NG's, etc., including medications. Time, person issuing orders, and person performing procedures are recorded. Recorder is responsible for filing a brief statement at the conclusion of the emergency for Nursing Services and Quality Improvement Offices.

10.2 **Telephone Coordinator:** Responsible for contacting doctors for orders if no doctor is present at the scene. Calls into switchboard on status of emergency and requests additional assistance or equipment through runners or through the switchboard. Maintains a brief record of orders received and time involved. Turns brief report into recorder. Telephone coordinator should be a NP or RN.

10.3 **Clinical Coordinator:** Assumes role to ensure adequate personnel are available and requests additional manpower or supplies of telephone coordinator. Makes assignments to RN's, LPN's , PT's and other disciplines as required. Scene coordinator should be an RN or NP.

10.4 **Runner:** Receives directions from nursing staff treating patient, telephone coordinator, and scene coordinator to obtain supplies, direct traffic, etc.

10.5 **Scene Coordinator:** Controls access to incident site. Directs fire department, police department responders to the site. Secures incident site. Scene coordinator is a Security Officer.

6-86, 4-94; 4/98; 8/01 codeblue.pol

## Chapter 4

### Emergency Services

---

#### POLICY:

There is an orange emergency bag on each unit, except the Forensic Units which have a disaster kit on each unit.

#### PROCEDURE:

1. The orange emergency bag contains the following supplies:

<u>Black Pouch</u>	1 box ammonia inhalants, 5 after bite
<u>MEDICATIONS</u>	pads, 6 hydrocortisone cream, 1 calamine lotion, 2 instant glucose gel, ipecac syrup, 1 digital thermometer

02/02; 06/03

## Chapter 4

### Emergency Services

---

#### POLICY:

All patient care units at Utah State Hospital obtain and maintain supplies for immediate and emergent care of patients. These supplies include, but are not limited to: a crash cart, an emergency medication box, an IV tray and an orange emergency bag.

#### PROCEDURE:

1. Individual units obtain these items and supplies from Pharmacy and Central Supply.
  - 1.1 The supplies for the crash cart, IV tray, and orange emergency bag are found in Central Supply.
  - 1.2 Each unit checks the crash cart, IV tray, and orange emergency bag for out-dated materials and replaces them as needed.
  - 1.3 The Pharmacy checks the emergency medication box for out-dated supplies and replaces them as needed.

03/02

## Chapter 4

### Emergency Services

---

#### POLICY:

All nursing services personnel who provide patient care are expected to maintain basic cardiac life support certification except in individual cases where the employee is physically unable to perform cardiopulmonary resuscitation.

#### PROCEDURE:

1. All nursing services personnel certify and are proficient in and certify annually in basic CPR.
  - 1.1 All nursing services personnel who cannot physically perform CPR

- are expected to maintain the didactic (written) portion of basic cardiac life support certification.
2. Any nursing services personnel initiates cardiopulmonary resuscitation when required by the patient's condition.
  3. The staff RN on duty may call the paramedics directly as circumstances dictate. (See paramedics, RN calling directly).  
7-83, 1-91, 3-92, 4-94; 8/01; 4/04 cpr.pol

## **Chapter 4**

### **Emergency Services**

---

#### **PROTOCOL :**

1. Any employee trained in CPR initiates cardiopulmonary resuscitation when required by the patient's condition i.e. patient is unresponsive, apneic, and pulseless.
2. There are three AEDs at various locations at the Utah State Hospital. Each unit that houses an AED is responsible for transporting the AED to assigned areas of the hospital during a Code Blue. These units are also responsible for the maintenance and upkeep of the AED on their unit.
  - 2.1 One AED is located in the Rampton West Building on top of the crash cart in the supply room of the Southwest Unit. When a Code Blue is called in the Rampton West Building or on Girl's Youth, or the Youth Center an assigned staff member from the Southwest Unit transports the AED to the area of need.
  - 2.2 Another AED is located on the Geriatric Services Unit. When a Code Blue is called in the Rampton East Building, Rampton Cafeteria, or Boys Youth an assigned staff member from the Geriatric Services Unit transports the AED to the area of need.
  - 2.3 The third AED is located in Central Control in the Forensic building. When a Code Blue is called on Forensic or in the MS building, an assigned staff member transports the AED to the area of need.
3. Only staff members who have been trained to use the AED may operate the AED.
  - 3.1 The staff member connects two defibrillator pads to the defibrillator cables according to the color code listed on the AED. (The pads are in the AED bag with an extra set located on the crash cart on each unit.)
    - 3.1.1 Remove backing from the defibrillator pads.
    - 3.1.2 Place one pad directly on the patient's upper right chest (there must be skin to pad contact).
    - 3.1.3 Place the second pad on the patient's lower left ribs (with skin contact between the patient and the pad).
    - 3.1.4 Make sure the skin is free from any and all topical cardiac medications( e.g. Nitro patch).
    - 3.1.5 Never place the pads over a pacemaker.
4. The personnel who are administering CPR cease compressions and ventilation.

5. The trained staff member turns on the AED and allows a few seconds for the AED analysis of the patient's cardiac rhythm.
6. When the AED determines that the rhythm is Ashockable@, it will give a message stating A Deliver shock@.
  - 6.1 The staff member operating the AED gives a warning comment of ACLEAR@ to all personnel present to be sure that they are not in physical contact with the patient.
  - 6.2 When the operator determines no staff have direct contact with the patient, the operator presses the button on the AED to deliver the shock to the patient.
7. The operator allows the AED to repeat the analysis of the patient's cardiac rhythm.
  - 7.1 If the AED determines that the rhythm is Ashockable@, it will again give a message stating A Deliver shock@.
  - 7.2 Repeat the procedure outlined in #5.
  - 7.3 A total of 3 shocks can be delivered.
8. After the first set of three shocks, a staff member checks the carotid pulse.
9. If the patient does not have a pulse, resume CPR for 1 minute.
10. After 1 minute of CPR, the operator initiates the AED to analyze the cardiac rhythm as outlined in #5.
11. If the AED determines that the rhythm is Ashockable@, it will give a message stating A Deliver shock@.
  - 11.1 Repeat as outlined in #6 above.
12. If a A No Shock@, message is received when the analysis button is pressed, then check the patient for a pulse and breathing .
  - 12.1 If the patient has a pulse, check breathing.
    - 12.1.1 If patient is breathing adequately, give high concentration oxygen by non-rebreather mask and transport.
    - 12.1.2 If the patient is not breathing adequately, provide artificial ventilation with high concentrations oxygen and transport.
  - 12.2 If the patient has no pulse and is not breathing, continue CPR until the EMS personnel arrive and they take over the care of the patient.

2/01; 08/03; 10/03 aedprot

## **Chapter 4**

### **Emergency Services**

---

#### **POLICY:**

Adult patients who have not been deemed legally incompetent have the right to refuse life-sustaining procedures, which may include resuscitative procedures, by executing an advance directive. (See USH:OPP Medical Services Chapter Section 11: Withholding Resuscitative Services)

#### **PROCEDURE:**

1. All charts for patients who have executed an advance directive stating that they do not desire resuscitation in the event of a life-threatening condition are marked with a Do Not Resuscitate sticker.

- 1.1 Contact Medical Records for the above stickers if none are available on the unit.
2. The attending physician writes a Do Not Resuscitate order in the physician's order section of the chart.
  - 2.1 The order is co-signed by another physician.
  - 2.2 The order must be updated every 30 days.
3. When there is a Do Not Resuscitate order in the patient's chart and in the event that the patient experiences cardiac and respiratory arrest, the staff do not initiate CPR.
4. The patient has the right to change the advance directive at any time through written or verbal statement.

4/98; 8/01 dnr.pol

## Chapter 4

### Emergency Services

---

#### POLICY:

First aid care given to a patient who has sustained electrical shock. The MD/NP is consulted in all cases of electrical shock with possible emergency referral to paramedics.

#### PROCEDURE:

1. Switch off current if possible or remove the patient from the source of current with non-conducting material such as a wooden broom or dry rope.
    - 1.1 Until this is done, the patient should not be touched.
    - 1.2 Lightning victims may be given first aid immediately.
  2. Proceed with CPR if necessary.
  3. Treat visible burns.
    - 3.1 Cover areas of second and third degree burns with sterile dressings.
  4. Start an IV with Lactated Ringers or Normal Saline solution using a 16 gauge or 14 gauge needle to prepare for possible referral to UVRMC.
    - 4.1 Vital signs every five minutes; and
    - 4.2 Continue data collection and assessment as MD/NP and/or paramedics are being contacted.
- 6-90, 4-94; 4/98; 8/01 elecshock.pol

## Chapter 4

### Emergency Services

---

#### POLICY:

Any USH patient who has made a serious suicide attempt by hanging in which the patient's respiratory capacity has been compromised and the patient has lost consciousness requires immediate transport to an outside medical provider via paramedics care.

#### PROCEDURE:

1. Actions immediately taken by the first unit nursing personnel on the scene (prior to paramedics arrival are as follows):
  - 1.1 Remove patient from objects/position causing strangulation;
  - 1.2 Clear airway and assess for cardiac and respiratory arrest;
  - 1.3 If cardiac and/or respiratory arrest have occurred or if additional medical personnel are desired on the premises, notify the switchboard of a CODE BLUE and continue with CODE BLUE Procedures (USH Nursing Manual Section VI- B);
  - 1.4 Institute CPR when cardiac and respiratory arrest have occurred.
2. Notify hospital Security of the situation so that they can notify Provo City Police.
3. Actions taken after the patient has been transported to UVRMC:
  - 3.1 Secure the room and do not remove any items from the room until

after Provo City Police have investigated the scene.  
6-90, 4-94; 8/01 hanging.pro

## Chapter 4

### Emergency Services

---

#### POLICY:

The unit RN contacts the medical person on call directly when a state of emergency exists. If the emergency is extremely acute and/or life-threatening, the unit RN may contact the paramedics first.

#### PROCEDURE:

1. Delegate someone to continue to try to contact the medical person and OD on call.
2. Calling directly to the paramedics may be done only under these circumstances:
  - a. Cardiac/respiratory arrest with minimal response to CPR. This must be diagnosed by the RN by absence of pulse and/or spontaneous respirations.
  - b. Cases of extreme injury to patients or staff which may or may not be life- threatening but definitely indicate the need for involved treatment.
  - c. Status epilepticus of greater than 5-10 minutes in duration with no callback from medical person on call and after the standard protocol for seizures has been performed.
3. The switchboard is contacted in all other cases and asked to call the paramedics.
  - 3.1 They coordinate its arrival, answer any questions from the dispatcher's office, and notify our security personnel.
4. Whenever a patient is transferred to an outside provider, the medical person and OD, or Clinical Director if OD is unavailable, must be contacted for a physician's order to transport.
  - 4.1 This order can be received after the patient has been transferred in life- threatening situations.

5-85, 4-94; 10/00; 8/01 paramed.pol

## Chapter 4

### Emergency Services

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#### POLICY:

All cases of poison ingestion or overdose are reported to the MD/NP for orders for treatment; Poison Control Center is contacted immediately after the incident by unit nursing personnel for recommendations for treatment.

#### PROCEDURE:

1. When a poison has been swallowed, nursing personnel:
  - 1.1 Call the switchboard using the emergency number 44222 and ask the operator to connect you with the Poison Control Center at 1-800-581-2151.
  - 1.2 Do not induce vomiting.
  - 1.3 Poison Control asks for information on the toxic substance, the patient's current and past medical condition, vital statistics, timing of poison ingestion/inhalation, and steps already taken to treat the patient.
  - 1.4 Poison Control staff generally make a follow-up call to track the patient's progress.
  - 1.5 Report incident to attending psychiatrist and treatment team with recommendations for subsequent evaluation of patient's suicide risk, home visits, and staff one-to-one watch after treatment has been completed.
    - 1.5.1 Assess the type and amount of drug ingested.
      - 1.5.1.1 Inquiries of the family, friends, etc. are necessary if the overdose occurred while patient was on a home visit.
    - 1.5.2 A thorough search of the unit is needed if the patient has been accumulating prescription medications.

7-83, 6-90, 4-94; 4/98; 8/01 poison.pol

## Chapter 4

### Emergency Services

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#### POLICY:

The following protocol for protracted seizures is formulated for use by the medical staff at their discretion and by the nursing staff when no physician or nurse practitioner is immediately available.

#### Definition:

A seizure is a sudden, and often violent contraction and relaxation of the muscles, caused by uncontrolled electrical activity in the brain.

Signs may include: - brief blackout or period of confused behavior -drooling or frothing at the mouth

- grunting or snorting -localized tingling or twitching of an isolated body part
- loss of bowel or bladder control.
- sudden fall -loss of consciousness
- temporary absence of breathing
- vigorous muscle spasms with twitching and jerking of extremities.

#### Causes:

- epilepsy
- medications (that have lowered the seizure threshold)
- poisoning
- head injury
- heat stroke
- fever
- electrolyte imbalance ( hyponatremia - from excessive fluid consumption)
- (and many other causes)

#### Scope of Care:

Patients with epilepsy may have recurring seizures and the Medical Services Department, in consultation with the staff neurologist, manages almost all cases. Patients with no known seizure disorder most often need to be taken directly to UVRMC for evaluation, laboratory testing, diagnostic brain imaging, treatment etc.

#### PROCEDURE:

1. Identify the seizure activity. Be prepared to describe it in detail, including any information that may help with diagnosis and treatment, i.e., recent excessive fluid consumption, fall or head injuries, recent changes in medications, possible exposure to toxins, poisons or illegal drugs et al.
2. Contact the psychiatric and medical on-call physicians.
  - 2.1 Obtain laboratory data such as anticonvulsant levels, complete blood cell count, electrolytes, blood glucose, etc. when ordered.
3. DO NOT restrain the victim.  
DO NOT place anything between the victims teeth during a seizure.  
DO NOT move the victim.  
DO NOT try to make the victim stop convulsing.  
DO NOT perform rescue breathing, even if they are turning blue.  
DO NOT give anything by mouth until seizures have stopped and the patient is fully awake.
4. DO protect patient from hazards, i.e., furniture, falling  
DO gently suction secretions in nose and/or mouth, if necessary.

DO administer oxygen at 4 to 6 L/minute, nasal cannula.

DO turn the patient on their side if vomiting.

5. Most seizures at USH can be managed on the unit, but call the paramedics if underlying injury is suspected, if there are unstable vital signs, the seizure has lasted more than 2 minutes, or you suspect the seizure is being caused by something other than epilepsy.
6. If hypoglycemia is suspected administer 50 milliliters of 50% glucose IV push, or, glucagon.
7. Ativan 1 mg. IM can be given while attempting to contact the on call physician. If the seizure continues Ativan 1 mg can be given a second time while attempting to contact the on call physician. Up to 8 mg IM can be given prn when ordered by the physician.

5-85, 12-88, 4-94; 9/98; 8/01; 9/01 seizures.pro

## Chapter 4

### Emergency Services

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#### POLICY:

Oronasopharyngeal suctioning at Utah State Hospital is handled in a safe manner using standardized techniques.

#### PROCEDURE:

1. All units have a suction capability available for emergency use.
  - 1.1 The Rampton building has built-in suction equipment in the medical rooms.
  - 1.2 The remainder of the hospital units have portable suction machines.
    - 1.2.1 The portable suction machine is electrically inspected on a regular basis as required by life safety standards.
2. Any defect in the suction equipment, such as a loss of suction or other malfunction, must be immediately reported to the Unit Supervising RN.
  - 2.1 Malfunctioning equipment is returned to Central Supply for maintenance and repair.
    - 2.1.1 Central Supply can provide a replacement suction unit to the unit or service area while repairs are completed on the original machine.
3. Suction equipment is checked at least monthly to ensure all necessary supplies are available.

9/95; 4/98; 8/01 suction.pol

## Chapter 4

### Emergency Services

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#### Candidates for re-feeding protocol:

1. Recent severe weight loss (secondary to anorexia---self-induced or avolitional)
2. Chronic anorexia nervosa (below 85% ideal body weight)

#### Reasons for re-feeding protocol:

1. To help prevent re-feeding syndrome (critical abnormalities of electrolyte

imbalances which may lead to secondary medical complications)

2. To help re-adjust the gastro-intestinal system to hyperosmotic contents

#### **GUIDELINES**

1. In general, baseline laboratory data should be obtained directly at admission (order STAT if necessary). Must include CMP, Phos, MG, Pre-Albumen
2. If abnormal labs are noted (particularly NA, K, Ca, Phos, Mg), these labs should be re-drawn every twelve hours until stable (if in low-critical range) and daily until stable and/or at baseline caloric intake.

3. START LOW AND GO SLOW 4. Forced blood draw if necessary

**ORAL FEEDING** (Generally the rule to begin re-feeding. However, this must also be monitored.)

1. Begin with 1200 calories per day divided across all daily meals
2. Advance as tolerated by 200-300 calories per day
3. Continue advancing until caloric needs are attained / Basal Energy Expenditure (BEE) x 1.5

**TUBE FEEDING** (Generally reserved for those who continue to refuse to eat and/or are at 70% or below IBW)

1. Begin with 1200-1500 calories per day
2. Start tube feeds at approximately 30-40 cc/hr. Advance slowly as tolerated.
3. Begin with LOW OSMOLARITY FEEDINGS (1/2 Str. Boost with fiber)
4. Advance daily caloric intake, as tolerated, by 200-300 calories per day
5. When patient is approaching 80% IBW, may begin to mix in oral feeds
6. When patient is tolerating oral feeds and is willing to continue with oral feeding, may DC feeding tube.

2-26-02

#### **POLICY:**

Admission of patients to the Utah State Hospital who are within any of the four groups of the CDC classification of HIV infections is the same as all other admissions (See Infection Control Manual Chapter 3 Patient Management Section 4: Admission of HIV Patients).

#### **PROCEDURE:**

1. The Director of Medical Services conducts an individualized review of each case and determines, in collaboration with the Hospital Clinical Director and Nursing Administration, when a patient should not be admitted because of the severity of medical problems and/or because of inadequate nursing resources to care for the patient.
2. If the patient is admitted, contingency agreements for treatment of the patient are made with the University of Utah and Dr. Kristin Rees' office.

- 2.1 The above information is in the Pre-Admission Assessment or the Admission History and Physical.

4/98; 8/01 admithiv.pol

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### **POLICY:**

All equipment and environmental and working surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials. (See Infection Control Manual Chapter 3 Patient Management, Section 12 Bloodborne Pathogens: Decontamination)

#### **PROCEDURE:**

1. Contaminated work surfaces are decontaminated with an appropriate disinfectant (i.e. A33).
2. When a work surface is overly contaminated with any spill of blood or other potentially infectious materials:
  - 2.1 the employees must wear gloves.
  - 2.2 the spill is absorbed with dry paper towels which are disposed of in a contaminated waste container.
  - 2.3 the contaminated area is sprayed with an appropriate disinfectant (i.e. A33) until it is visibly wet.
  - 2.4 the disinfectant (i.e. A-33) must remain on surface for the appropriate time-frame; and,
  - 2.5 the area is wiped with dry paper towels and rinsed with clean water.
3. When protective coverings, i.e. plastic wrap, aluminum foil, imperviously backed absorbent paper; used to cover equipment become overtly contaminated, they are removed and replaced as soon as possible.
4. All waste receptacles are decontaminated as indicated in Housekeeping policies and procedures.
5. Broken glassware which may be contaminated is cleaned up by using mechanical means, i.e. a brush and dust pan, forceps.
6. Reusable instruments, i.e. forceps, scissors, needle drivers,; that are contaminated with blood or other potentially infectious materials are placed in a drain tray found in the white transport containers, rinsed, drained, and then placed in the transport container with a lid for transport to Sterile Supply where the instruments are decontaminated as per Sterile Supply policies and procedures.

- 6.1 Transport containers are available through Central Supply.

6/92; 5/95; 5/98;10/99; 8/01 decontam.pol

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### **POLICY:**

Grooming and make-up techniques occur in a safe environment without cross contamination.(See Infection Control Manual Chapter 3 Patient Management Section 14)

#### **PROCEDURE:**

1. Every patient has their own grooming supplies and cosmetics (where applicable).
  - 1.1 Every patient has their own fingernail clippers and does not share it with other patients.
2. Grooming products are not shared, but used for a single patient, and when the patient is discharged, the remainder of the products are sent with the patient or discarded.
3. Immediate treatment of any wound obtained during grooming includes washing with warm soap and water followed by an application of Betadine and a bandaid if necessary.
  - 3.1 In all cases of puncture wounds, the need for Tetanus and Diphtheria booster is evaluated by the Medical Doctor.

3/2/95; 9-95; 4/98; 8/01 groom.pol

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### **POLICY:**

All Utah State Hospital employees use correct hand-washing techniques to prevent transmission of infectious diseases.(See Infection Control Manual Chapter 3 Patient Management Section 8)

#### **PROCEDURE:**

1. Employees wash their hands in the following situations:
  - 1.1 before handling clean patient-care equipment and supplies;
  - 1.2 before serving food;
  - 1.3 between contacts with patients;
  - 1.4 after going to the restroom;
  - 1.5 after handling soiled linens; and,
  - 1.6 after removal of gloves.
2. When hand washing is not immediately feasible, appropriate antiseptic hand cleanser and clean paper towels or antiseptic towelettes are provided. When antiseptic hand cleansers or towelettes are used, hands are washed with soap and running water as soon as possible.

12/15/97; 1/98; 4/98; 10/99; 8/01 handwash.pol

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### **POLICY:**

All Utah State Hospital employees who have been identified by job classification as being in a risk category of occupational exposure to hepatitis B are given the opportunity to receive hepatitis B vaccinations (See Infection Control Manual Chapter 4 Employee Health Section 5: Employee Immunizations).

#### **PROCEDURE:**

1. All employees at risk of occupational exposure are offered the hepatitis B vaccination series at no personal cost.
  - 1.1 The employee receives the first dosage of the vaccination within ten working days of initial assignment to an exposure area.
    - 1.1.1 Exceptions include employees who have previously received the hepatitis B vaccination series, antibody testing which reveals the employee is immune, employee refusal of the hepatitis B vaccination, and contraindication of the vaccine for medical reasons i.e liver disease, immune compromised, multiple sclerosis.
  - 1.2 The second dosage of the vaccine is given one month after the original dose.
  - 1.3 The third dosage of the vaccine is given six months after the original dose.
  - 1.4 No pre-screening program is required before receiving the hepatitis B vaccination.
  - 1.5 If an employee initially declines the hepatitis B vaccination but later decides to accept the vaccination, the hospital provides the series of vaccinations.
2. All employees at risk of occupational exposure must sign a consent form prior to receiving or refusing the hepatitis B vaccination series.
  - 2.1 The signed form is maintained in the employee's personnel file.

6/92; 5/95; 10/97; 4/98; 8/01 hepbvac.pol

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### **POLICY:**

The results of HIV tests are confidential with disclosure based only upon the need to know in order to provide quality patient care (See Infection Control Manual Chapter 3 Patient Management Section 6).

#### **PROCEDURE:**

1. HIV antibody test results are routed to the Infection Control Coordinator.
2. The Infection Control Coordinator notifies the State Department of Health of all positive HIV tests.
3. Disclosure of positive test results is limited to the patient's treatment team and unit staff.
4. Hospital employees practice standard precautions and therefore a

greater area of disclosure within the hospital is not necessary for quality patient care or protection of health care workers

5. Disclosure to outside providers is done only if the disclosure is necessary to provide appropriate follow-up care for the patient following discharge AND ONLY if the patient gives consent for the information to be shared.

4/98; 8/01 hivconf.pol

## Chapter 5

### Infection Control & Isolation Techniques

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#### POLICY:

Mandatory HIV testing of patients is prohibited at Utah State Hospital. HIV voluntary testing may be done when medically indicated and when the patient is informed, counseled, and a consent obtained (See Infection Control Manual Chapter 3 Patient Management Section 5).

#### PROCEDURE:

1. Upon admission, the patient is assessed for a history of high risk behaviors (including but not limited to: a history of sexually transmitted disease, IV drug abuse, homosexual intercourse without condoms, multiple sex partners, blood transfusions before 1985).
2. Upon admission the patient is assessed for clinical signs and symptoms of possible HIV infection, such as persistent fever, persistent cough, shortness of breath, persistent diarrhea, increased fatigue, slow-healing sores, unexplained weight loss, recurrent infections.
3. When a patient presents with a significant history of high risk behaviors and/or presents with clinical symptomatology, the physician/nurse practitioner may order an HIV test.
4. Before the HIV test can be performed, the patient must be given pre-test counseling which includes, but is not limited to: information on HIV transmission and prevention, the benefits of being tested, the psychological and emotional aspects of the test, the HIV antibody test and procedure, disclosure and discrimination.
  - 4.1 The unit RN contacts the Nursing Administration office for the list of trained HIV counselors and then contacts one of the RN's on the list to arrange for pre-test counseling.
5. The patient must sign an informed consent form after the pre-test counseling before the HIV test can be conducted.
  - 5.1 The patient has the right to refuse testing or to terminate the test at any time (even after the informed consent has been signed).
6. When the patient does not have the ability to understand the nature and consequences of the test and/or lacks the capacity to give informed consent, two physicians must independently document that testing appears to be vital to either the diagnosis or medical treatment of the patient.
7. An HIV test on a patient cannot be requested by a third party, including a health care worker.
8. After the results of the HIV test are received by the attending physician/NP, post-test counseling must occur if the patient tested positive.
  - 8.1 If the patient refuses the counseling, document that the patient refused post- counseling.

11/91; 6/92; 5/95; 4/98; 8/01 hivtest.pol

## Chapter 5

### Infection Control & Isolation Techniques

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1. When an HIV test is ordered, the Unit Clerk contacts one of the approved HIV Counselors.
  - 1.1 The HIV counselor meets with the patient for pre-test counseling which includes, but is not limited to: information on HIV transmission and prevention, the benefits of being tested, the psychological and emotional aspects of the test, the HIV antibody test and procedure, disclosure and discrimination.
  - 1.2 The patient must sign an informed consent form after the pre-test counseling before the HIV test can be conducted.
  - 1.3 The patient has the right to refuse testing or to terminate the test at any time (even after the informed consent has been signed).
  - 1.4 When the patient does not have the ability to understand the nature and consequences of the test and/or lacks the capacity to give informed consent, two physicians must independently document that testing appears to be vital to either the diagnosis or medical treatment of the patient.
2. An HIV test on a patient cannot be requested by a third party, including a health care worker.
  - 2.1 Those involved in a percutaneous blood exposure are requested to permit testing for HIV.
3. After the patient has signed the informed consent form, it is returned to the Unit Clerk.
4. The Unit Clerk then orders the test and files the signed consent form in the patient's chart.
5. After the results of the HIV test are received by the attending physician/NP, post-test counseling must occur if the patient tested positive.

5/98; 10/99; 8/01 hivtest.pro

## Chapter 5

### Infection Control & Isolation Techniques

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#### POLICY:

Infectious waste disposal is the responsibility of the Environmental Services Department. Infectious waste material will be designated as such by nursing personnel by placing in color-coded liners of low-density polyethylene at least three millimeters thick. (See Infection Control Manual Chapter 3 Patient Management Section 9)

#### PROCEDURE:

1. Infectious waste is properly bagged in **RED** liners and tied.
  - 1.1 Bagged infectious waste is deposited in "Infectious Waste Containers" by nursing personnel
  - 1.2 Infectious waste containers in buildings are located outside the Hyde, Medical Services, and Youth Center buildings. The Rampton building has a **RED** Infectious Waste Container in the soiled utility rooms located on the north and south side of the units.
  - 1.3 Each container holds two impervious receptacles which are lined with infectious waste liners draped over all the edges.
2. Infectious waste containers are inspected two times weekly.
  - 2.1 The waste is transported to the designated holding room of the Medical Services Building via housekeeping van.
  - 2.2 Prior to removal, the red liners are tied at the top.
  - 2.3 Infectious waste containers are picked up by a contracted waste management company every thirty days
3. The housekeeping van used for transporting infectious waste is cleaned and disinfected after each use.
4. All infectious waste containers and the holding room of the Medical Services Building are cleaned and disinfected every thirty days.
5. During all handling, cleaning, and decontaminating procedures, all personnel practice universal precautions, including, but not limited to, the following safety wear: rubber gloves and smocks that protect clothing.
  - 5.1 After the completion of handling infectious waste, all employees are to immediately remove their gloves and wash their hands with antibacterial soap.
  - 5.2 Eating, drinking, smoking, handling cosmetics, and handling contact lenses are prohibited during handling and storage of infectious waste and the cleaning of containers, the holding room, or the van.

12/15/97; 1/98; 4/98; 10/99; 11/00 infwaste.pol

## Chapter 5

# Infection Control & Isolation Techniques

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### POLICY:

Contaminated waste disposal is the responsibility of the Environmental Service's Department. Contaminated waste material is designated as such by nursing and laboratory personnel by placing in color-coded liners of low-density polyethylene at three millimeters thick. (See Infection Control Manual Chapter 3 Patient Management Section 9A)

### DEFINITION:

Contaminated waste: a broad term to describe any waste which could potentially spread an infection or harm someone handling the waste. Including: sharps (i.e. needles, scalpels, broken glass, razors); single patient use items visibly contaminated with blood (i.e. dressings, gloves, feminine hygiene products); discarded pathologic waste (i.e. unused blood, extracted teeth or tissue samples); and, other soiled items determined by the RN on duty to be contaminated or potentially infectious (i.e. an item used by the patient in an attempt to harm him/herself, single patient use items soiled with feces from a patient with infectious diarrhea or infectious sputum [TB] ).

Examples of single patient use items: dressings, chux, nasogastric tubes, IV catheter, urinary drainage systems, gloves, oxygen tubing, suction equipment.

### PROCEDURE:

1. During all handling, cleaning and decontaminating procedures, personnel practice standard precautions.
  - 1.1 Wear rubber gloves and smocks to protect clothing.
  - 1.2 As soon as feasible after removal and disposal of their gloves, employees wash their hands with antibacterial soap and water.
  - 1.3 Eating, drinking, smoking, applying cosmetics and handling contact lenses are prohibited during handling and storage of infectious waste and the cleaning of container, the holding room and the van.
2. Contaminated waste is properly bagged in **RED** liners and tied.
  - 2.1 Bagged contaminated waste is deposited in the "Contaminated Waste Containers" by nursing.
  - 2.2 Contaminated waste containers are located outside the Hyde, Medical Services and Youth Center buildings.
  - 2.3 **RED** Contaminated Waste Containers are located in the soiled Utility rooms on the north and south sides of the Rampton building.
  - 2.4 Each container holds two impervious receptacles which are lined with contaminated waste liners draped over all the edges.
3. Contaminated waste containers are picked up two times weekly.
  - 3.1 The receptacles are transported to the designated holding room of the Medical Services Building via the housekeeping van.
    - 3.1.1 The holding room maintains a temperature under 40 degrees F.
  - 3.2 Prior to removal, the red liners are tied at the top.

3.3 Contaminated waste containers are picked up by the waste management company every thirty days.

4. The housekeeping van used for transporting contaminated waste is cleaned and disinfected after each use.
5. All contaminated waste containers and the holding room of the Medical Services Building are cleaned and disinfected every thirty days or at any time when there is visible contamination.

12/15/97; 1/98; 4/98; 10/99; 11/00 contwast.pol

## Chapter 5

# Infection Control & Isolation Techniques

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### POLICY:

USH employs the guidelines for isolation that have been recommended by the Center for Disease Control (CDC). (See Infection Control Manual Chapter 3 Patient Management Section 15)

### PROCEDURE:

1. Guidelines for isolation as recommended by the CDC's Hospital Infection Control Advisory Committee (HICPAC) emphasize patient to patient transmission of disease, while retaining some Employee Health components.
2. HICPAC Isolation Precautions, consist of two tiers.
  - 2.1 Standard Precautions are designed for the care of all patients regardless of their diagnosis or presumed infection status and is the primary infection control strategy.
    - 2.1.1 Standard Precautions combine the major features of Universal Precautions designed to reduce the risk of transmission of blood borne disease, and Body Substance Precautions that are aimed at reducing the risk of transmission of disease from other moist body substances.
    - 2.1.2 Standard Precautions apply to blood; all body fluids, secretions, and excretions, whether or not they contain visible blood; nonintact skin; mucous membranes.
  - 2.2 Transmission-based precautions, the second tier of precautions, are specifically for patients with known or suspected epidemiologically important disease spread by airborne transmission, droplet transmission, or by contact with dry skin or contaminated surface.
    - 2.2.1 These "empiric precautions" are designed to prompt implementation of transmission based precautions that are based on clinical syndromes and conditions while a more exact diagnosis is being sought.
3. Nursing may implement isolation precautions when a specific disorder is diagnosed or suspected. Orders for specific isolation must be obtained from Medical Services within 12 hours of initiation. Once ordered, isolation precautions are not discontinued or changed except as ordered by medical services.
4. Standard Precautions, typically, is sufficient for most patient care activities. However, isolation precautions may be indicated for specific disorders. The following is a description of airborne, contact and droplet isolation precautions and examples of when they are applicable:
  - 4.1 **Airborne Precautions:** designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by

dissemination of either airborne droplet nuclei of evaporated droplets that may remain suspended in the air for long periods of time, or dust particles containing the infectious agent. Special air handling and ventilation are required to prevent airborne transmission. These air handling/ventilation systems are currently NOT available at the Utah State Hospital. If airborne precautions are necessary, arrangements are made to have the patient transferred to another facility. Until transfer, in addition to Standard Precautions, patients are placed in a private room. Staff limit exposure to the patient, wear a mask and remain 3 feet from the patient, if possible. Patients wear a mask while being transported. Employees who are not immune to the specific disorder (i.e.-measles or varicella), must avoid contact with the patient. Examples of disorders needing airborne precautions include:

- 4.1.1 Herpes Zoster (in an immune compromised patient or with disseminated disease);
- 4.1.2 Measles (rubeola);
- 4.1.3 Tuberculosis (pulmonary-active or suspected); and,
- 4.1.4 Varicella (chickenpox).

- 4.2 **Contact Precautions:** designed to reduce the risk of transmission of epidemiologically important microorganisms by direct (person to person) or indirect (person to object to person) contact. In addition to Standard Precautions, placement of the patient in a private room is advisable. If a private room is not available nursing consults with Medical Services or Infection Control to evaluate options. Employees wear gloves during the course of providing care. Gloves are changed after contact with highly infective material and are removed before leaving the room. Hands are washed immediately after leaving the patient room with an antimicrobial agent or waterless antiseptic agent. Care is taken to avoid touching potentially contaminated environmental surfaces once gloves are removed. Gowns are worn if it is suspected that clothing will have substantial contact with the patient or environmental surfaces. The gown is to be removed before leaving the patient room. The patient is transported as little as possible, with care taken to protect against additional environmental contamination. Multiple patient use items (i.e.-blood pressure monitoring equipment) are cleaned and disinfected before being used on another patient. Examples of disorders needing contact precautions include:

- 4.2.1 Abscess (major, draining);
- 4.2.2 Cellulitis (uncontrolled drainage);
- 4.2.3 Clostridium difficile infections (enterocolitis/gastroenteritis);

- 4.2.4 Conjunctivitis (acute viral);
- 4.2.5 Decubitus ulcer (major, infected);
- 4.2.6 E. coli infections (diapered or incontinent patients);
- 4.2.7 Hepatitis A (diapered or incontinent patients);
- 4.2.8 Hepatitis B and/or C (blood exposure)
- 4.2.9 Herpes simplex (mucocutaneous disseminated or severe);
- 4.2.10 Herpes zoster (immune compromised patient or disseminated);
- 4.2.11 Impetigo;
- 4.2.12 Multidrug-resistant organisms (infection or colonization);
- 4.2.13 Respiratory syncytial virus (immune compromised patient);
- 4.2.14 Scabies;
- 4.2.15 Varicella (chicken pox); and,
- 4.2.16 Wound infections (major).

4.3 **Droplet Precautions:** designed to reduce the risk of droplet transmission of infectious agents. Involves contact of the conjunctivae or mucous membranes of the nose or mouth of a susceptible person with large-particle droplets. Droplets do not remain suspended in the air, therefore special air handling and ventilation are not required. In addition to Standard Precautions, it is recommended that the patient be placed in a private room. When this is not possible, nursing consults with Medical Services or Infection Control to evaluate placement options. A minimum of three (3) feet, whenever possible, is maintained between the infected patient and other patients or visitors. A mask is used when working less than three feet from the patient. When transporting the patient, he/she wears a mask. Examples of disorders needing droplet precautions include:

- 4.3.1 Diphtheria (pharyngeal);
- 4.3.2 German measles (rubella);
- 4.3.3 Haemophilus influenzae (known or suspected);
- 4.3.4 Influenza;
- 4.3.5 Meningococcal pneumonia;
- 4.3.6 Mumps;
- 4.3.7 Mycoplasma pneumonia;
- 4.3.8 Parvovirus B19 (Fifth Disease);

4.3.9 Pertussis; and,

4.3.10 Pneumonia (adenovirus).

4.4 Nursing staff with any concerns or questions about the need for isolation precautions should contact Infection Control as soon as possible.

9/95; 4/98; 10/99; 8/01 isolat.pol

## Chapter 5

# Infection Control & Isolation Techniques

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### POLICY:

All soiled linens is treated as contaminated.(See Infection Control Manual Chapter 3 Patient Management Section 10)

### PROCEDURE:

1. Unit personnel place soiled linens in water-proof bags in the patient's room or area of contamination.
  - 1.1 If linen is saturated in blood it may be placed into a regular plastic bag or a plastic yellow bag if available. This is for the *sole* purpose that the blood does not ruin other linen. It does not change the decontamination process of soiled laundry.
2. Linens are handled as little as possible to prevent release of organisms into the air.
3. All laundry bags are tied or closed completely when full.
4. All soiled linens in bags are delivered from the unit to the soiled-linen receiving area.
5. Workers in the soiled-linen receiving area are required to wear an apron and gloves when in contact with used laundry bags.
6. Germicidal hand cleaners are provided for washing hands immediately after contact.
7. A germicidal cleaner and a spray tank is used to sanitize the laundry baskets, carts, and delivery van.

6/92; 4/98; 10/99; 11/00; 8/01 laundry.pol

## Chapter 5

### Infection Control & Isolation Techniques

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#### PROTOCOL:

Patients infested with pediculosis are treated according to the following protocol. (See Infection Control Manual Chapter 3 Patient Management Section 16)

#### DEFINITION:

Infestation of the human body by a visible, wingless parasite with three pair of legs ending in claws (2-3mm long). There are three types of lice (see below). Humans are the only natural reservoir. Outbreaks are correlated with over-crowding, and inadequate facilities for keeping people and clothing clean.

<u>CHARACTERISTIC</u>	<u>BODY &amp; HEAD LICE</u>	<u>PUBIC LICE</u>
Time for incubation of ova	8 - 9 days	8-9 days
Time from egg to adult	10 days	15 days
Life span of female	30-35 days	35 days
Common site of Infection	Head: especially the back of head, neck and ears, rarely eyelashes, Genital region, axillae Body: Shoulders, waist and areas of clothing contact	

Time of survival off host      Head: 2 days      Body: 4-7 days

#### TRANSMISSION:

- A. Head lice are transmitted by direct contact with personal items such as brushes, combs and bedding.
- B. Body lice are transmitted by direct contact or contact with clothing or bedding (Body lice cling to clothing or bedding--especially seams.) Body lice are seldom found on the body of an infected person.
- C. Pubic lice are transmitted by close physical contact--especially sexual. (Transmission via clothing or bedding is rare because of rapid death of lice off the human host).

#### TREATMENT:

- A. Treatment of choice for head or pubic lice is Pyrethrins (RID, A-200 pyrinates) or Permethrin 1% (NIX).
  1. Shampoo - rub affected areas vigorously for four minutes.
  2. Repeat treatment in seven days, as it is not considered ovicidal.
- B. Eyelid involvement can be treated with a petrolatum ophthalmic ointment or 1% yellow oxide of mercury ophthalmic ointment when ordered by the NP/MD.
- C. Patients with body lice are not usually treated unless the infestation is of epidemic proportions.

- D. Treat only if high risk for lice or if infected. The exception is to treat the sexual contacts of the infected patients.

#### DISINFECTION OF FOMITES:

1. Inanimate objects such as brushes, combs, caps, scarves, coats, etc:
  - A. The eggs of body lice have more potential for spreading by fomites than any other type of lice, because eggs can survive up to thirty days off a host. Eggs do not hatch in an inanimate environment at room temperature and can be destroyed through a disinfection process.
  - B. Methods of disinfection (with known infestation):
    1. Machine washing, drying, dry cleaning, or ironing (temperature of more than 60 C or 140 F for 5-10 minutes).
    2. Storage of non-washables in sealed plastic bags for specific time periods.
      - 2.1 Ten to fifteen days for head lice.
      - 2.2 Seven days for pubic lice.
      - 2.3 Storage is not usually recommended for body lice as more than 30 days are required for eggs of this type to hatch.

#### HOSPITAL MANAGEMENT:

- A. Only high-risk (for pediculosis) new admissions receive a shampoo with a recommended agent (e.g. Triple X or Rid).
- B. Isolation is not required as long as clothing and bedding have been properly disinfected and patients do not share items.
- C. Hospital employees who have contact with patients need not be treated unless they show evidence of infestation.
- D. Other than vacuuming, special cleaning of rooms is not recommended.
- E. Mattresses and upholstered furniture can be disinfected with R & C spray in two applications, seven days apart.

#### LAUNDRY:

- A. Linen should be handled per hospital protocol.
- B. Linen should be held away from the body.

1-91; 4/98; 10/99; 11/00; 8/01 lice.pro

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### DEFINITIONS:

Percutaneous: Exposure which occurs through the skin.

Non-percutaneous: Exposure which does not occur through the skin.

Occupational Exposure: Exposure to blood or blood products which occurs while on the job.

Prophylaxis: Treatment or intervention used to prevent potential disease.

## POLICY

When an occupational exposure incident to blood or blood products occurs, the employee is given access to confidential evaluation and follow-up. (See Infection Control Manual Chapter 4 Employee Health Section 16)

## PROCEDURE:

1. When a percutaneous occupational exposure to blood or blood products occurs, the employee completes an employee incident/injury report and notifies his/her immediate supervisor and the Infection Control Department. (See Exposure Control Plan- Employee/Supervisor Packet)
  - 1.1 The employee incident/injury report includes documentation of the route(s) of exposure and circumstance under which the exposure occurred. The source individual (patient) involved is to be identified, by patient number, in this report.
  - 1.2 If the incident needs to be evaluated by a provider (ie. laceration, human bite) the employee should be evaluated by an outside provider (ie. personal provider, emergency or urgent care provider) as soon as indicated. The exposed employee is responsible for notifying outside provider that the evaluation is necessary due to an occupational exposure.
  - 1.3 A copy of the incident/injury report is placed in the exposed employee's health file. Employee health files are maintained in the Infection Control Department.
  - 1.4 Health files of exposed employees are maintained for thirty years.
2. The source is informed of the exposure and asked to consent to testing his/her blood for Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV) as soon as feasible after the incident. Ideally, this occurs within 24 to 48 hours of the incident.
  - 2.1 Counseling and consent for HIV testing is completed according to current Utah State Hospital Policy and Procedure.
  - 2.2 If the source refuses consent, Infection Control and/or the involved employee may request that the hospital establish his/her competency to consent.
    - 2.2.1 If the source is found not competent to give consent, his/her attending psychiatrist may grant consent for the blood tests.
    - 2.2.2 If found competent to give consent and he/she still refuses, the exposed employee will be offered treatment as if the patient were infected with Hepatitis B and C, and HIV.
  - 2.3 If the source has had Hepatitis B, C or HIV testing within 6 weeks prior to the incident, testing will not be repeated.

- 2.4 If the source is known to be infected with Hepatitis B, C or HIV, testing will not be repeated.
  - 2.4.1 If the source is known to be infected with Hepatitis B antigen the recommendations outlined in 3.3 of this policy are followed.
  - 2.4.2 If the source is known to be infected with Hepatitis C, the exposed employee will be advised to notify his/her personal provider. The exposed employee is responsible for notifying the provider that it was an occupational exposure.
  - 2.4.3 If the source is known to be infected with HIV, the exposed employee will be advised to seek provider evaluation (ie. personal or urgent care provider) within two hours of the incident. Current Centers for Disease Control guidelines recommend that known HIV exposures be rapidly evaluated for post exposure prophylaxis. The exposed employee is responsible for notifying the provider that it was an occupational exposure.
- 2.5 Results of this testing are forwarded to the Infection Control Department and filed with the incident/injury report in his/her employee health file.
- 2.6 Results of this testing are made available to the exposed employee. The exposed employee is informed of the confidential nature of this information.
- 3. The exposed employee is advised to have baseline blood tests drawn for Hepatitis B, C and HIV as soon as feasible after the exposure. Ideally, this occurs within 24 to 48 hours of the exposure. Follow-up testing is advised at 3, 6 and 12 months after the exposure.
  - 3.1 The exposed employee has the right to refuse this recommendation.
  - 3.2 If the exposed employee agrees to testing, he/she has the tests completed at the contract provider laboratory.
    - 3.2.1 The exposed employee contacts his/her nursing supervisor, or the shift supervisor, to have a requisition for lab work completed.
      - 3.2.1.1 The requisition must include the following: Exposed employees name; Type and date of exposure; Requesting physician (Director of Medical Services); Labs requested (Hepatitis B, Hepatitis C and HIV); Where to send copies of results; and, Billing information (Workers Compensation)
      - 3.2.1.2 A copy of a requisition is attached to this policy.
    - 3.2.2 The exposed employee requests that the laboratory send

results of his/her testing to Infection Control at the Utah State Hospital, PO Box 270, Provo, Utah, 84603-0270.

- 3.2.3 The contract provider is to be reimbursed through Workers Compensation. It is not to be billed to the Utah State Hospital.
- 3.2.4 The results of the exposed employees testing are kept confidential and are maintained in his/her employee health file. Files of exposed employees are maintained for thirty years post-exposure.
- 3.2.5 The exposed employee may request that laboratory results be sent to his/her personal provider.
- 3.3 Recommendations for vaccination of the exposed employee against Hepatitis B are as follows:
  - Unvaccinated employee exposed to Hepatitis B antigen (HBsAg) positive or unknown source: Initiate Hepatitis B vaccinations.
  - Vaccinated employee with adequate Hepatitis B antibodies: No treatment, regardless of source antigen status.
  - Vaccinated employee with inadequate Hepatitis B antibodies exposed to a known HBsAg positive or unknown source: Hepatitis B immune globulin (HBIG) for two doses, or HBIG for one dose and initiation of re-vaccination for Hepatitis B.
  - Vaccinated employee with inadequate Hepatitis B antibodies exposed to a known HBsAg negative source: No treatment.
- 3.4 At the time of the initial lab test after an exposure, the Infection Control Nurse provides the employee with a letter outlining dates for further testing (if needed)
  - 3.4.1 The Infection Control Nurse reminds the employee at 3, 6 and 12 months post-exposure of recommendations for continued follow-up.
    - 3.4.1.1 If the employee terminates employment during this period of time, the initial letter is the reminder for the follow up lab tests.
- 3.5 If the exposed employee leaves employment at the Utah State Hospital. The exposed employee is advised to continue with follow-up.
  - 3.5.1 The exposed employee is responsible for informing Workers Compensation of his/her change in status to assure continued coverage.
- 3.6 The exposed employee is entitled to post-exposure counseling by the Director of Medical Services, or designee.

- 3.6.1 The exposed employee, his/her supervisor, and/or Infection Control may request this counseling.
  - 3.6.2 The Director of Medical Services, or designee, may refer the exposed employee to outside providers for treatment.
  - 3.6.3 The Director of Medical Services, or designee, notifies Infection Control of the outcome of post-exposure counseling for documentation in the exposed employee's health file. The content of the counseling is confidential.
- 3.7 The exposed employee may choose to work through his/her personal provider for evaluation and treatment of incident.
- 4. If the occupational exposure to blood or blood products is non-percutaneous. The exposed employee is advised to complete an incident/injury report and follow the protocol for submission of the report.
  - 4.1 Infection Control reviews the report and consults with the Director of Medical Services, or designee.
    - 4.1.1 Recommendations for blood testing or additional follow-up are determined on an individual basis.
      - 4.1.1.1 Exposure to intact skin does not require follow-up.
      - 4.1.1.2 Exposure to non-intact skin may require follow-up if the source is known to be HIV positive.
        - 4.1.1.1.1 If it is a known HIV positive exposure to non-intact skin, the exposed employee is to follow the guidelines outlined in 2.4.3 of this policy.
  - 4.2 The exposed employee is advised of current recommendations.
  - 4.3 The report and recommendations are maintained in the employee's health file.

Utah State Hospital Infection Control

REQUISITION FOR LABORATORY TESTING

Employee name: \_\_\_\_\_ Social Security  
Number: \_\_\_\_\_

Date of requisition: \_\_\_\_\_ Date of  
Incident: \_\_\_\_\_

Type of  
Incident: \_\_\_\_\_

Physician: \_\_\_\_\_ Transcribed  
by: \_\_\_\_\_

Order:        Hepatitis Panel    \_\_\_\_\_  
                 HIV                    \_\_\_\_\_

Send result to:                Utah State Hospital  
                                      Infection Control  
                                      PO Box 270  
                                      Provo, Utah 84603-0270

Bill to: Workers Compensation Fund of Utah

4/98; 11/98; 8/01; 01/01   occexpose.pol

When an occupational exposure occurs i.e. dirty needle stick or other significant blood exposure the following protocol is followed:

1. The employee completes an incident report and notifies his/her immediate supervisor and the Infection Control Coordinator (Infection Control IC on e-mail).
  - 1.1 The employee incident/injury report includes documentation of the route(s) of exposure and circumstance under which the exposure incident occurred.
  - 1.2 The report also includes the patient identification number of the source individual (patient).
2. The employee goes to UVRMC lab to have a Hepatitis B and C screen (antigen and antibody) and HIV test done as a baseline.
  - 2.1 It is recommended that the above lab tests be repeated at 3 months, 6 months, and 12 months after the occupational exposure.
  - 2.2 The employee tells the lab personnel the blood draw is under Workers' Compensation and requests that the results be sent to USH Infection Control Department.
3. The patient involved is asked to consent to a Hepatitis screen and an HIV test.
  - 3.1 The patient may refuse to allow the blood tests (see policy above).
4. If the employee is found to be negative for Hepatitis B antibodies, the hospital recommends a Hepatitis B booster.
5. If the patient is found to be positive for Hepatitis B or HIV, the case is reviewed by the Director of Medical Services.
6. Regardless of the lab test results, the employee has the right to have the case reviewed by the Director of Medical Services.

4/98; 8/98 occexpose.pol

## Chapter 5

# Infection Control & Isolation Techniques

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### POLICY:

Sharp items used for nursing procedures; including needles, lancets, scalpels and similar items, are handled with extreme caution. These items may provide a route of transmission for bloodborne pathogens or may be used by a patient to harm him/herself or others. Nursing and Medical Services are responsible for the safe use and disposal of these items. (See Infection Control Manual Chapter 3 Patient Management Section 22)

### PROCEDURE:

1. Whenever a sharp item or instrument is used during a nursing procedure, nursing is responsible for monitoring its appropriate use and disposal. When sharps are used in a procedure, nursing and medical services are responsible for appropriate use and disposal.
  2. Nursing monitors the number of sharps used in a procedure and assures that **ALL** are safely removed and returned to the appropriate area, or are disposed of properly.
  3. After use, **NO sharp is re-capped or re-covered**. All sharps used in patient procedures at the hospital are ***single use*** items.
  4. Sharps are disposed of in appropriately identified, impervious sharps containers.
  5. Sharps containers are replaced, sealed and disposed of according to infectious waste management guidelines when they are 3/4 full.
  6. Assistance is appropriate when completing procedures with a sharp item or instrument, for protection of both patient and staff.
  7. Any exposure to a used or contaminated sharp is reported. The employee follows the guidelines in the policy: Occupational Exposure to Blood or Blood Products.
1. Once needles have been used in a patient procedure (i.e.-injection, IV start) they are **NEVER re-capped or re-used**. *Needles are not handed from one person to another for disposal.*
  2. Nursing must always use a needle protection device or syringes with built in safety devices.
    - 2.1 Available from Central Supply;
    - 2.2 Used in the following manner:
      - 2.2.1 Using only one hand, the nurse;
        - 2.2.1.1 Places the cover against a firm surface;

2.2.1.2 Snaps the cover into place; and,

2.2.1.3 Carefully disposes of it in an appropriate sharps container, as soon as possible.

2.3 When using Safety-Lok syringes use in the following manner:

2.3.1 Grasp sleeve firmly by green band and twist flanges to loosen sleeve.

2.3.2 After injection fully retract needle into safety sleeve until it locks and a click is heard and the green band fully covers the red band.

2.3.3 Pull back on the flanges do not pull forward on safety sleeve.

3. Nursing may take a small sharps container with them to area where the procedure will be completed; or,

4. Nursing may perform the procedure in an area with easy access to an appropriate sharps container (i.e.-treatment room, medication room).

1. Once lancets have been used in a patient procedure (i.e.-blood glucose monitoring) they are **NEVER re-capped or re-used**.

2. Lancets used at the Utah State Hospital are self-contained, self-retracting units.

2.1 Lancet needles are only exposed when the device is activated by pressing on the cap.

2.2 Nursing staff, or patients who have been approved to use the equipment independently, activate the lancet by pressing on the cap to complete the procedure.

2.3 Once the cap is released the lancet needle automatically retracts into the device.

3. Used lancets are disposed of immediately after use in an appropriate sharps container.

3.1 *Lancets are not handed from one person to another for disposal.*

1. Once scalpels have been used in a patient procedure (i.e.-incision and drainage), they are **NEVER re-capped or re-used**.

2. Procedures requiring the use of a scalpel are completed where there is easy access to an appropriate sharps container.

3. The person completing the procedure is responsible for placing the used scalpel in an appropriate sharps container.

4. If using a non-disposable handle with the scalpel blade the person disposing of the scalpel blade

4.1 Retrieves a pair of hemostats;

- 4.2 Using the hemostats, carefully grasps the scalpel blade;
- 4.3 Pulls the scalpel blade straight from the device; and,
- 4.4 Places the scalpel blade in an appropriate sharps container.

12/98; 10/99; 8/01 sharps.pol

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### POLICY:

Employees are not allowed to bring their household pets onto the hospital grounds.

Opportunities are provided for any patient of Utah State Hospital to interact with animals through use of a volunteer group. Units may request pet therapy through the Volunteer Coordinator. Units may also request a unit pet for therapeutic reasons through the Unit Clinical Director and the Hospital Clinical Director. Any other request must be made to the Hospital Clinical Director.(see Infection Control Chapter 3 Patient Management Section 2)

#### PROCEDURE:

1. Request for unit pet.
  - 1.1 Upon approval by the Unit Clinical Director, a unit may request permission from the Hospital Clinical Director to obtain a pet for the treatment unit.
  - 1.2 The request must include: a statement of unit philosophy regarding pets, the therapeutic intent of having a pet, written procedures for care, feeding, and housing of the pet, maintenance plan of the pet's health, and storage of the pet's food and supplies.
    - 1.2.1 A copy of the request is sent to the Infection Control Coordinator.
  - 1.3 The Hospital Clinical Director may approve the request immediately or refer the request to the Infection Control Committee
    - 1.3.1 The Infection Control Committee responds to the requesting unit within one week.
2. Unit Pets.
  - 2.1 No exotic pets, such as lizards, snakes, birds, or amphibians of any kind will be allowed on the units.
  - 2.2 Fish must be maintained in well-kept tanks.
  - 2.3 Unit pets are allowed under the following conditions:
    - 2.3.1 Pets are certified clean and disease-free by a licensed veterinarian and have documentation of current immunizations including, but not limited to rabies and distemper.

- 2.3.2 Pets are properly licensed.
    - 2.3.3 Pets are clean and odor-free.
    - 2.3.4 When pets are not confined, they are under leash or have completed obedience training to render them controllable at all times.
  - 2.4 Pets are not allowed in areas where their presence creates a significant risk to patients or staff, i.e., food preparation or food serving areas, medication preparation areas, clinics, pharmacy, patients or staff with allergic conditions, etc.
  - 3. Pet Therapy
    - 3.1 Units may request pet therapy through the Volunteer Coordinator.
      - 3.1.1 A volunteer group provides animals to be used in therapy. These animals are highly-trained and responsive to the emotional needs of the patients, and they provide an opportunity for petting and hugging.
      - 3.1.2 All animals used in pet therapy are veterinarian-certified and obedience-trained.
  - 4. Pet Monitoring
    - 4.1 The Infection Control Coordinator maintains a list of all current pets.
  - 5. No pets of employees are allowed on hospital grounds.
  - 6. Family members of a patient may arrange with the treatment coordinator, in advance, to bring the patient's pet to visit with the patient on grounds.
    - 6.1 The pet is not allowed on the unit.
- 4/98; 8/01 pets.pol

## Chapter 5

### Infection Control & Isolation Techniques

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#### POLICY

Each patient who shaves has his/her own razor (See Infection Control Manual Chapter 3 Patient Management Section 18).

#### PROCEDURE

1. The person assigned to order supplies orders enough so that each patient can have his/her own razor.
  2. Patients who shave have their own disposable razor that is labeled with their name or use the electric razor.
  3. Razors are handed out (as per procedure of each unit) by a designated employee.
    - 3.1 Razors are stored individually and kept apart with each patient's name visible.
    - 3.2 Razors are replaced as needed.
  4. Electric razors that are shared are cleaned with isopropyl alcohol between patients.
    - 4.1 The blades must be soaked in isopropyl alcohol for one to two minutes and then allowed to air dry.
- 11/30/87; 4/98; 10/99; 8/01 razors.pol

## Chapter 5

### Infection Control & Isolation Techniques

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#### PROTOCOL:

Patients infested with pediculosis-scabies are treated according to the following protocol. (See Infection Control Manual Chapter 3 Patient Management Section 17).

#### DEFINITION:

Infestation of the human body by a minute, wingless parasite with four pair of legs and measuring less than 0.5 mm long. It is sometimes known as the common itch mite. Humans are the natural reservoir. Eggs are laid in the upper layer of the epidermis. Outbreaks can be correlated with delayed diagnosis and lack of patient isolation of persons who are in close contact with large groups of individuals.

#### CHARACTERISTICS

Time for incubation:

Primary infestation

3-6 weeks

Re-infection

Immediately (due to sensitization)

Time from egg to adult

10 days

Life span of Adult female

30 days

Common site of infection:

Primary involvement : Hands, webs of fingers, wrists, extensor surface of knees and elbows, surface of feet.

Secondary involvement: Armpits, buttocks, waist, arms, nipples, trunk,

legs, penis, scrotum.

Time of survival off host:

2-10 days on fomites

TRANSMISSION:

- A. Most frequently, direct contact with infected persons.
- B. Less frequently, contact with clothing or bedding (fomites).
- C. Spread on the body by manual transfer (scratching).

PRESENTATION:

- A. Intense itching, increased at night.
  - B. Scratching produces bleeding, scab formation and possibly a secondary infection.
  - C. Two-thirds of cases have "burrow-like" pruritic lesions.
  - D. Burrow-like lesions are less frequent in infants and children.
- Instead, scabies presents as eczematous involvement of head, neck, palms, and soles.

DIAGNOSTIC TESTS:

- A. Extraction with needle or blade.
- B. Skin scraping with microscopic exam for identification of mites or fecal pellets.
- C. Skin biopsy.

PROCEDURE (TREATMENT):

- A. Topical application of scabicide to neck, trunk, and all extremities with Permethrin 5% (Elimite cream). A single application is applied over the entire body and is left on for 8-14 hours. It is then thoroughly washed off (soap may be used).

HOSPITAL MANAGEMENT:

- A. Diagnosis of scabies is considered with any pruritic rash involving the hands, wrists and elbows.
- B. Intimate clothing as well as bedding is washed by machine in 41 C (106) water or bagged for 10 days.
- C. It is not usually necessary to clean outer wear or furniture, rugs, etc.
- D. Roommates and sexual contacts are treated prophylactically.
- E. Direct care providers wear gloves until after completion of medication routine.
- F. Asymptomatic direct care providers who have had skin-to-skin contact with infested patients may be treated.
- G. Patients with scabies are isolated from other patients for 24 hours after treatment.

1-91; 4/98; 8/01 scabies.pro

## Chapter 5

### Infection Control & Isolation Techniques

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#### POLICY:

Sewing needles are handled as any other sharp object suspect of blood transfer and are used **ONE TIME ONLY AND DISPOSED.** (See Infection Control Manual Chapter 3 Patient Management Section 19).

#### PROCEDURE:

1. Needles used for hand sewing are readily available from the warehouse.
2. Sewing needles are disposable and are given out by nursing staff for **one time use only.**
3. Sewing needles are disposed of in puncture proof sharps containers, and disposed of with contaminated waste.
4. Immediate treatment of any wound includes washing with warm soap and water.
5. The need for Tetanus and Diphtheria booster is evaluated in all cases of puncture wound.

3/2/95; 4/98; 8/01 Sewing.pol

## Chapter 5

### Infection Control & Isolation Techniques

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#### POLICY

Patients who spit at other patients, hospital staff, visitors, and/or hospital furnishings wear masks as necessary. Masks are used to provide a sanitary environment in maintaining the Hospital infection control program. (See Infection Control Manual Chapter 3 Patient Management Section 20).

#### PROCEDURE

1. Masks are obtained from Central Supply and are kept in the unit OSHA cabinet..
2. The unit RN on shift determines if it is necessary for a patient to wear a mask.
  - 2.1 The unit RN documents in the progress notes every shift or every incident when the mask is required.
  - 2.2 Patients who refuse to stop spitting may be required to wear a mask.
  - 2.3 The unit RN is responsible to assure that there are no harmful side effects associated with the patient's wearing a mask (e.g. compromised breathing, tightness of ties/elastic), and charts the same in the progress notes once a shift.
  - 2.4 The mask is removed when the patient demonstrates by his/her behavior that he/she will not spit.
  - 2.5 A doctor's order may be obtained for restraints if the patient refuses to wear the mask and continues to spit.

01/25/88; 4/98; 10/99; 8/01 spitting.pol

## Chapter 5

# Infection Control & Isolation Techniques

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## POLICY:

All patients admitted to the Utah State Hospital are on body fluid precautions for the duration of their stay. (See Infection Control Manual Chapter 3 Patient Management Section 1).

## PROCEDURE:

1. All Utah State Hospital employees routinely use appropriate precautions to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any patient is anticipated.
  - 1.1 Gloves are worn for touching blood and body fluids, mucous membranes, or non intact skin of all patients; for handling items or surfaces soiled with blood or body fluids; and for performing venipunctures.
  - 1.2 Gloves are discarded after contact with each patient.
  - 1.3 Masks and protective eye-wear or face shields are worn during procedures or patient care when droplets of blood or other body fluids are likely to be generated to proven exposure of mucous membranes of the mouth, nose and eyes.
  - 1.4 Gowns or aprons are worn during procedures or patient care when splashes of blood or other body fluids are likely to occur.
  - 1.5 Hypoallergenic gloves, glove liners, or powder-less gloves are available to those employees who are allergic to the normally provided gloves.
  - 1.6 Personal protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time the protective wear is used.
  - 1.7 If a piece of clothing or protective wear is penetrated by blood or other potentially infectious materials, the item(s) are removed immediately or as soon as possible.
  - 1.8 All protective equipment is removed prior to leaving the work area and is placed in the designated area of container for storage, washing or disposal.
2. Hands and other skin surfaces are washed immediately and thoroughly if contaminated with blood or other body fluids. Hands are washed immediately after gloves are removed.
3. To prevent needle stick injuries, needles are not recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. Used disposable syringes and needles, scalpel blades, and other sharp items are placed in puncture-resistant containers located as close as practical to the use area.
  - 3.1 Syringes with built in safety devices are available for use in Central Supply.

4. Pocket masks and Ambu bags are available in patient-care areas where the need for resuscitation is possible.
5. Employees who have exudative lesions or weeping dermatitis do not do direct patient care nor handle patient-care equipment until the condition resolves.
6. Eating, drinking, applying cosmetics or lip balm and handling contact lenses by employees are prohibited in work areas where there is reasonable likelihood of occupational exposure, i.e., the laboratory, medical treatment rooms, laundry, sterile supply, patient rooms, utility rooms, medication rooms.
7. Food and drink are not kept in refrigerators, freezers, cabinets, shelves, counter tops or benchtops where blood or other potentially infectious materials are present.
8. All patients admitted to Utah State Hospital are placed on Standard Precautions.
9. Guidelines from the Center for Disease Control are used to determine rational actions appropriate to each situation.  
12/15/97; 1/98;4/98; 08/01 Stprecau.pol

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### **POLICY:**

Adult patients are screened on admission for hepatitis A, B and C. Patients under the age of 18 are screened only when deemed necessary by the admitting physician/practitioner. (See Infection Control Manual Chapter 3 Patient Management Section 23).

#### **PROCEDURE:**

1. Orders for hepatitis panels are written by the admitting physician/practitioner.
  - 1.1. The hepatitis panel includes screening for hepatitis A IgM antibodies;
  - 1.2 It includes screening for hepatitis B antibodies and surface antigen; and,
  - 1.3 It includes screening for hepatitis C antibodies.
    - 1.3.1 If the patient is positive for hepatitis C antibodies a hepatitis C-RIBA is completed, upon order of the medical provider.
2. Orders are transcribed according to existing USH policies and procedures.
3. Results are forwarded to Infection Control from the contract laboratory and to the patient record and physician/practitioner according to existing USH policies and procedures.
4. Infection Control reports the following positive results to the Utah County Health Department;

- 4.1 Positive hepatitis A antibodies **with** a positive IgM;
  - 4.2 Positive hepatitis B antigen; and,
  - 4.3 Positive hepatitis C antibodies.
5. Patients with a positive hepatitis A **IgM** are excluded from the following activities, until released by the unit physician/practitioner:
  - 5.1 Preparing food;
  - 5.2 Serving food;
  - 5.3 Cleaning in food-service areas; and,
  - 5.4 Sharing food with other patients or staff.
6. It is recommended that patients with reactive Hepatitis C antibodies receive vaccines for Hepatitis A and B.

2/99; 8/01

## **Chapter 5**

### **Infection Control & Isolation Techniques**

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#### **POLICY:**

Patients are tested on admission for Hepatitis A, B and C. Patients with positive Hepatitis A (IgM reactive), Hepatitis B surface antigen reactive and Hepatitis C antibody reactive are provided counseling on transmission, symptoms and prevention of the specific disease. (See Infection Control Manual Chapter 3 Patient Management Section 24).

#### **PROCEDURE:**

1. The results of all Hepatitis panels are forwarded to the Infection Control Nurse.
2. The Infection Control Nurse identifies patients with reactive results and through entering the the patient's lab results in e-chart the UND and unit RN are notified of the patients who need counseling.
3. The UND and/or unit RN completes the counseling for each patient and charts (via e-chart) that the hepatitis counseling has been completed. E-chart automatically forwards an e-mail to the Infection Control Nurse stating that the counseling has been completed.
  - 3.1 If the counseling is not completed within one week of the initial notification another e-mail is sent to the unit RN and UND reminding them to complete the hepatitis counseling.
4. Hepatitis counseling is provided by the Infection Control Nurse, or designee, and includes:
  - 4.1 Modes of transmission and prevention of further transmission, specific to the disease;

4.2 Major symptoms of the disease; and,

4.3 Lifestyle considerations.

5. Family members and/or significant others are included in counseling if the patient approves.

10/99; 8/01; 01/01 hepcouns.doc

#### POLICY

Utah State Hospital follows a structured internal bidding procedure which ensures equal opportunity and is within the structure of the Division of Human Services. (See USH:OPP Human Resources Chapter Section 7 Internal Bidding Procedures)

#### PROCEDURE

1. When a position in the hospital is vacated, the supervisor in the area i.e. unit or service area; notifies Human Resources that there is a vacant position--shift and days off are included in the notification.
2. Human Resources posts the vacant position on the computer and in several locations around the hospital i.e. bulletin boards on the units and near the switchboard.
  - 2.1 All vacancies are announced for a minimum of five working days.
3. Probationary, career service, and "pool" employees may bid on all posted vacancies (whether within or outside their unit/department) by completing a bid sheet and placing it in the bid box near the switchboard.
5. All applications are rated by Human Resources and a list of qualified candidates is forwarded to the supervisor who is hiring.
6. An interview team is established by the supervisor who is hiring.
7. Interviews are scheduled by phone or in person.
  - 7.1 Applicants who cannot be reached by phone must be notified and scheduled by mail.
  - 7.2 It is acceptable to interview with less than three or five days notice if applicants are available.
8. Structured interviews are conducted to provide consistency in the interview process.
9. The supervisor who is hiring does reference checks on the final selections.
10. The supervisor notifies the Human Resources Office prior to making a job offer for approval of their selection and of the interview process.
11. Candidates not selected are notified as soon as possible after the selected applicant has agreed to take the position.
12. Once an employee is selected to fill a position on a different unit or in a different department, he/she is transferred at the beginning of a payroll period.

5/98; 8/01 bidding.pol

## **Chapter 6**

## **Personnel Management & Nursing Administration**

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POLICY:

Nursing Administration collaborates with Nursing Educators to facilitate quality clinical and managerial learning experiences for student nurses.

PROCEDURE

1. The Nursing Administrator over Education collaborates with Nursing Educators, including Clinical Instructors, Deans and Directors of nursing programs.
  - 1.1 The learning experiences available at the hospital are outlined.
  - 1.2 Periodic meetings are scheduled with the Clinical Instructors and a hospital representative.
  - 1.3 The Nurse Administrator-Education meets periodically with the Dean or Director or designee of each nursing program (which uses the State Hospital as an educational resource) to share information including, but not limited to:
    - 1.3.1 nursing care needs of the patient
    - 1.3.2 communities and populations served by the hospital and the education program
    - 1.3.3 clinical and managerial learning available at the hospital
    - 1.3.4 students' perceptions of the hospital and the educational program
    - 1.3.5 information about methods of improving patient care

1/91;1/94; 4/98; 8/01 collabstuds.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY:**

Utah State Hospital requires nursing personnel files to include documentation of orientation, education, licensure (where applicable), and evidence of competency.

#### **PROCEDURE:**

1. Nursing personnel files include:
  - 1.1 NEO attendance
  - 1.2 Nursing orientation attendance (RN's and LPN's)
  - 1.3 Competency
    - 1.3.1 Education
      - 1.3.1.1 Licensure for RN's, LPN's and RNP's
      - 1.3.1.2 Psych tech classes for psych techs
    - 1.3.2 CPR certification
    - 1.3.3 First aid certification for psych techs
    - 1.3.4 CME attendance
    - 1.3.5 RN's and LPN's - medication exam
    - 1.3.6 Age-related Competencies
    - 1.3.7 Psychopathology classes for RN's
  - 1.4 Performance appraisal plans
2. An annual report of nursing personnel competence is provided to the Governing Body for review.  
11/90; 4-94; 4/98; 8/01 competency.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY:**

Utah State Hospital nursing discipline promotes the concept of continuing education for all employees in order to provide optimal patient care. The Nursing Education department plans all continuing education offerings in accordance with the criteria of the American Nurses Credentialing Center's Commission on Accreditation (ANCC) and the Utah Nurses' Association(UNA).

#### **PROCEDURE:**

1. All nursing discipline personnel are required to attend yearly inservices in the following areas:
  - 1.1 Infection Control/Housekeeping
  - 1.2 Patient Rights/Confidentiality
  - 1.3 Violence Prevention
  - 1.4 Life Safety
  - 1.5 Code of Conduct
  - 1.6 CPR
  - 1.7 Nursing Skills (content identified each year by Nursing Administration)

2. All nursing discipline personnel are strongly encouraged to attend continuing education classes.
  - 2.1 Continuing education classes are based upon the education department's determination of objectives and content, selection of presenters, and a standard evaluation system.
    - 2.1.1 The hospital works in conjunction with UNA to provide the appropriate awarding of contact hours.
    - 2.1.2 The education department is administered by a member of the hospital's nursing administrative team.
      - 2.1.2.1 Any changes in organizational structure of the education department of the hospital are reported to UNA.
    - 2.1.3 The education department of the hospital administers the budget for continuing education classes and maintains records of the activities.
      - 2.1.3.1 Continuing education events are funded through the hospital's general budget assigned to the education department on a yearly basis.
  - 2.2 The provider unit for UNA contact hours in continuing education is the Utah State Hospital, a state owned psychiatric hospital in Provo, UT.
    - 2.2.1 The State Hospital, as the provider, is responsible for determining objectives and content, selection of presenters and content specialists, awarding contact hours, administration of budget, record keeping of the education event, evaluation and maintaining records.
  - 2.3 When continuing education is provided using UNA contact hours for credit, all communications, advertising materials and certificates of attendance bear the name of the hospital and the Utah Nurses' Association logo with UNA contact hours being provided for all nursing attendees.
    - 2.3.1 All communications, marketing materials, and certificates bear the following: the Utah State Hospital has been approved as a provider of continuing education in Nursing by the Utah Nurses' Association. which is accredited as an approver of continuing education in Nursing by the American Nurses' Credentialing Centers Commission on Accreditation.
    - 2.3.2 The system for awarding credit for continuing education is contact hours = 50 minutes of organized learning activity (didactic or clinic). After the first contact hour, fractions of the 50 minute hour are calculated (e.g. 120 minutes = 2.4 contact hours).
  - 2.4 All continuing education offerings with approved contact hours have a reduced fee for Utah Nurses' Association members of at least 20%.

- 2.5 Utah State Hospital may co-sponsor continuing education events with other UNA approved providers.
- 2.6 All continuing education events have a training roll completed which includes the names of all participants, their professional titles, and addresses.
  - 2.6.1 All participants are strongly encouraged to complete an evaluation of the event.
    - 2.6.1.1 Evaluation includes meeting the objectives of the facility and the participant on a scale of 1-5 lowest to highest.
  - 2.6.2 All training rolls and evaluations are maintained in the education office and are confidential.
    - 2.6.2.1 Records are retrieved by special computer access by the head of Education or designee.
- 2.7 Classrooms and a gymnasium are available for continuing education events as well as sound systems, computer systems, visual aids systems, and other presentation items.
- 2.8 The continuing education events are administered by the Education department supervisor who is an APRN, in conjunction with the Nursing Department of the hospital.
- 3. All nursing personnel are encouraged to attend workshops on subjects of significance for their specific patient population.
- 4. Nursing continuing education focuses on identified and perceived learning needs of the nursing personnel.
- 5. If a continuing education event includes any display of commercial products there is no implication of ANCC, UNA, or Utah State Hospital approval or endorsement.

6/90;11/90; 4-94; 4/98; 5.98; 8/01 conted.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY:**

The Nurse Executive and the Nurse Administrator participate as a members of the Executive Staff of Utah State Hospital in developing the Hospital's mission, plans, budgets, resource allocation and policies.

#### **PROCEDURE:**

1. The Executive Staff consists of:
  - 1.1 Superintendent
  - 1.2 Hospital Clinical Director
  - 1.3 Assistant Superintendent
  - 1.4 Nurse Executive/Assistant Clinical Director
  - 1.5 Nurse Administrator
2. The USH Executive Staff is responsible to develop the USH mission, short and long-term plans, resource allocation and policies.
  - 2.1 Input is requested from appropriate staff on units, departments, services.
  - 2.2 All proposed policies are reviewed by Administrative Services (AD's/UND's)
  - 2.3 All proposed policies are approved by the Governing Body.
3. The Executive Staff reviews the hospital's annual reports, equipment needs, hospital goals, and budget for each fiscal year and include the following factors in their decision making processes:.
  - 3.1 Patient care needs
  - 3.2 Recruitment and retention of qualified personnel
  - 3.3 Information from CQI and risk management
  - 3.4 Staff educational opportunities
  - 3.5 Standards of patient care for all disciplines
  - 3.6 Equipment needs for each discipline and service area
  - 3.7 Information management systems needs
  - 3.8 Other pertinent areas of need
  - 3.9 Personnel needs in direct patient care areas and support service areas
4. The Executive Staff meets at least three times monthly and as needed to deal with hospital-wide issues.

1/91;1/94; 4/98; 8/01 execstaff.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY**

To ensure the safety of family members, maintain the confidentiality of patients, and promote a professional work and therapeutic atmosphere, employee family members and employee visitors are not allowed in the work place. Exceptions are allowed only as approved per the procedures outlined below. (See USH:OPP Human Resources Chapter Section 20)

#### **PROCEDURE**

1. Employee family members and employee visitors are not to be at the Utah State Hospital when the employee is working, except for brief visits during breaks or lunch.
2. Employee family members and employee visitors are not allowed in patient living areas, except when approved by the Service Area Director or Unit Clinical Director.
  - 2.1 The Service Area Director may consider issues such as school projects, volunteer activities, etc., when giving approval.
3. Employee family members and employee visitors are expected to adhere to the same code of conduct as employees when at the hospital in regards to behavior and dress code.
  - 3.1 Employees are responsible to assure their visitors meet the standards.
4. Employee family members and employee visitors who wish to participate in the volunteer program must work through the Volunteer Coordinator and adhere to protocols addressed in Volunteer Services.

5/98 Taken from USH:OPP famatwork/pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY:**

The Nursing Administrative Department have the responsibility for the fiscal management of Nursing and specified departments within Medical Ancillary Services.

#### **PROCEDURE:**

1. The Nurse Executive and the Director of Nursing are responsible for the management of portions of the Nursing Budget.
  - 1.1 The Unit Administrative Directors are responsible for Personnel costs for each of their units.
  - 1.2 The Nurse Executive/ Assistant Clinical Director supervises the Administrative Directors.
  - 1.3 The Nurse Administrator supervises the Unit Nursing Directors and works with them in meeting the specific unit nursing fiscal needs.
    - 1.3.1 The Unit Nursing Directors work closely with the Unit Administrative Directors in planning the specific unit nursing fiscal needs.
  - 1.4 The Nurse Administrator supervises and manages the fiscal needs of the Acuity Psych Tech Pool.
2. Nursing Administration is responsible for the management of the clinics, radiology, infection control, and central supply services.
  - 2.1 All purchase orders are approved by Nursing Administration.
  - 2.2 All capital expenditures are approved by Nursing Administration.
  - 2.3 All payroll hours and leave are approved by Nursing Administration.
  - 2.4 All educational costs are approved by Nursing Administration.
3. Nursing Administration supervises and manages the fiscal needs of the Shift Supervising RN's and the Acuity Nursing Pool.
4. Nursing Administration supervises and manages the fiscal needs of the Nursing Education Department.

1/91;1/94; 4/98; 8/01 fiscalman.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY**

Employees of the Utah State Hospital maintain a professional standard of dress to insure positive role models for patients, to present a positive appearance to the public, and to reduce the possibility of accident or the transmission of infection. The Utah State Hospital complies with the Department of Human Services Dress Standard Guidelines. (See USH:OPP Human Resources Chapter Section 5 Grooming and Dress Standards)

#### **PROCEDURE**

1. To promote and maintain a professional standard of dress, employees dress appropriately, keep clothing in good repair, and maintain reasonable personal hygiene standards.

- 1.1 This standard of dress is meant to provide a safe work environment; promote a competent and professional image; encourage the public trust and confidence; and be appropriate with respect to job duties, work setting, and existing community standards.
2. The following attire are not allowed at the workplace. This includes, but is not limited to: tee shirts with derogatory, negative, sexual, or vulgar messages; spandex pants; halter or tank tops; tube tops; shorts; immodest shirts, blouses, skirts, or shorts, or clothing which reveals a bare midriff. (Standards for clothing for recreational activities needs to be appropriate for the activity.)
  - 2.1 Headgear: No headgear is allowed unless the employee is participating in a unit recreational activity. This includes hats, bandanas, etc.
  - 2.2 Items related to gangs are not allowed.
  - 2.3 Military Attire: Military attire is not allowed.
  - 2.4 Shoes: Employees wear shoes appropriate to their job.
  - 2.5 Exercise Clothing: Exercise clothing is not allowed while working unless the employee is engaging in a recreational activity where such clothing is deemed necessary.
  - 2.6 Unkempt Clothing: Clothing with holes or rips, frayed, torn, or unclean is not allowed.
  - 2.7 Jewelry: Body-piercing that interferes with safety and/or the therapeutic environment is not allowed.
3. Supervisors are responsible to monitor and enforce the dress standards in their area(s) and may determine if other items such as footwear, jewelry, or clothing interfere with the reasonable performance of an employee's duties or with the therapeutic environment.
4. Violations are subject to corrective and/or disciplinary actions in accordance with Department of Human Resource Management (DHRM) rules.
  - 4.1 Employees who violate the dress and grooming standards can expect to be sent home to correct the problem. Employees sent home are not reimbursed for the time away from the work place.
5. Utah State Hospital will reimburse individuals at a reasonable rate, as pre-approved through Risk Management or the Business Office, for glasses, watches, clothing, etc., which may be damaged or destroyed in the process of dealing with patient-behavior-management problems.
  - 5.1 The hospital will not reimburse for items damaged through normal wear.
  - 5.2 The hospital will not reimburse for items of exceptional value, even if damaged or destroyed during an event mentioned above.
  - 5.3 Employees are encouraged to wear clothing suitable and appropriate for their job and the task in which they are involved.

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY:**

All nursing personnel are required to have a valid Utah license to practice within their profession; i.e., registered nurse practitioners, registered nurses, and licensed practical nurses.

#### **PROCEDURE:**

1. All RN's, LPN's, and NP's must show proof of Utah licensure upon hire.
    - 1.1 This proof cannot consist of a number, but must be the original license or copy thereof.
  2. Copies of all licenses are maintained in personnel files.
    - 2.1 A list of license numbers and expiration dates is kept on file with Nursing Administration.
  3. All RN's, LPN's, and NP's must provide evidence of license renewal within the allotted time period for license renewals.
  4. No RN's, LPN's, and NP's without a current valid Utah license may practice at the Utah State Hospital.
  5. Nurse Practitioners must present current valid prescriptive rights licensure to be employed at the Utah State Hospital.
  6. Human Resources maintains a file of licenses with expiration dates.
    - 6.1 Human Resources notifies Nursing Administration and the employee's direct supervisor of licenses that are due for renewal prior to expiration.
- 12/87;1/94; 4/98; 8/01 licenses.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY:**

All newly hired nursing personnel receive hospital-based New Employee Orientation. Registered Nurses and Licensed Practical Nurses also receive Nursing Orientation. Psychiatric Technicians also receive Psych Tech classes.

#### **PROCEDURE**

1. All nursing personnel complete New Employee Orientation upon being hired by the hospital.
2. All RN's and LPN's complete a nursing skills checklist.
3. All RN's and LPN's complete a medication administration quiz.
4. All nursing personnel complete annual CPR certification and first aid classes.
5. Nursing orientation includes instruction in policy and procedure, psychopathology, safety intervention techniques, documentation, nursing skills, leadership skills, and pharmacology.
6. All psychiatric technicians complete psych tech classes which include psychopathology, policies and procedures, safety intervention techniques, documentation, and competencies through training by Nursing Education and the Unit Mentors.

8/87;1/94; 4/98; 8/01 neo.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **PROCEDURE:**

1. Any scheduling or authorization of overtime must be made by the Staffing Office, UND, or the SSRN.
    - 1.1 The authorization of overtime must occur before the employee works the overtime shift.
    - 1.2 When the UND authorizes the overtime shift, the UND notifies the Staffing Office.
  2. When calling the Scheduling Office the following information must be provided:
    - 2.1 the employee's name and title
    - 2.2 the date, shift and number of overtime hours
    - 2.3 the unit where the overtime coverage will be provided
    - 2.4 the reason overtime coverage is needed:
      - 2.4.1 Vacation
      - 2.4.2 Sick
      - 2.4.3 Funeral
      - 2.4.4 Military
      - 2.4.5 Maternity
      - 2.4.6 Vacant Position
      - 2.4.7 Industrial/Workman's Comp Issue
      - 2.4.8 Increased Patient Acuity on the Unit
      - 2.4.9 Attend Meetings/training
      - 2.4.10 Administrative Leave
      - 2.4.11 An Employee Did Not Show Up for the Shift
      - 2.4.12 Family Leave
      - 2.4.13 Other--explain
  3. All overtime is tracked by the Staffing Office.
  4. An employee can only work 40 hours overtime in a pay period.
- 3/98; 10/00 ot.pro

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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**POLICY:** The State of Utah and Utah State Hospital provide procedures for employees to report items of concern to the proper officials. (See USH:OPP Management and Administrative Services Chapter, Section 2: Official Communication)

**PROCEDURE:**

1. Any employee who is communicating with an outside agency, in which their communication may be interpreted to represent a position or opinion of the hospital, must have that communication reviewed by the hospital administration.
  - 1.1 Employees may not represent personal opinions as those of the hospital.
  - 1.2 The hospital administration may direct an employee to represent the position of the hospital through assignment.
2. Employees may not contact the news media and make any statement that might be interpreted as the position of the hospital without first obtaining prior approval from the hospital administration.
3. Attorneys are referred to the Legal Services Office (ext.44217) or the hospital Administration (ext 44200) when they are contacting hospital employees to obtain information.
4. When the news media contacts any employee of the hospital to obtain information, the employee instructs them to contact the Public Relations person via the Switchboard or to contact Hospital Administration.
  - 4.1 Any news media contacts from 1700-0800 Monday thru Friday and on weekends and holidays are referred to the Shift Supervisor who then makes the appropriate contacts i.e Administrator On Call or Public Relations person.

4/98; 8/01 offcom.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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**POLICY**

The Utah State Hospital employs a patient acuity system to allow patient care assignments to be made based upon the patient care needs of the unit.

**PROCEDURE**

1. The patient acuity worksheet is completed by an RN each shift.
  - 1.1 The form is completed by at least 30 minutes before change of shift.
  - 1.2 Evaluation of the patient is based upon the following categories of patient care:
    - 1) General Nursing Care
    - 2) Direct Observation Status
    - 3) On-grounds or off grounds escort

- 4) Area Restriction
- 5) Medical/treatment interventions
- 6) Interventions for behavioral status
- 7) Seclusion or Restraint

2. The system is divided into five levels of care as follows:

### **LEVEL I**

Patient requires general nursing care. Patients are typically doing well, may be using passes, attending on or off-grounds recreation activities, etc. No special treatment interventions are ordered or needed. On-ward restriction for observation status **(OBS) with no special care needs.** Patients on this level may need escorts to industrials but the escort does not remain with them.

### **LEVEL II**

Direct Observation Status (DOS) Patient on DOS is assigned to a **specific area** and not needing other behavioral interventions. **(Patient is being compliant with structure).** Redirection Program (children's unit). On-grounds escort. Group of patients escorted with 1 staff member who stays with the group. This is typically a clinic appointment and does not include recreational activities. Area Restriction for Observation Status: **Compliant** with A/R with **no other special treatment needs** or behavioral interventions required. Minor Medical/Treatment Interventions (e.g., O2 sats, neuro checks, BS monitoring, minor dressing changes, brief changes, VS's ordered above normal routine, exam prep, safety devices needed).

### **LEVEL III**

On-grounds escort 1 staff member required to escort 1 patient and who remains with the patient. This does not include industrial escorts. Major Medical Treatment/Interventions (e.g. major dressing changes, IV's, NG tube) Area Restriction (noncompliant); **Noncompliant** patient with behavioral interventions needed to keep patient on the Area Restriction. Behavioral status requires frequent interventions. Redirection requires frequent

behavioral/psychosocial interventions

but **patient is able to maintain control** of acting-out with  
the redirection/interventions.

15 minute checks ordered.

Dr's order and yellow

sheet being initialed q15'.

Direct Observation Status(non specific area). **(nonspecific area)** This is DOS  
in which no specific DOS

area is designated and staff follow patient around  
while on DOS.

Dorm Arrest Status (Youth Program)

#### **LEVEL IV**

Off-grounds escort 1 staff member needed to stay  
with patient while off-

grounds (transportation may also be going with patient)

1:1 **compliant**

Severe behavioral issues requires intensive  
behavioral/psychosocial interventions

and patient does not respond to redirection type  
interventions.

Direct Observation Status This includes patients assigned  
to a specific area for

DOS but the patient **needs behavioral interventions**  
**due to noncompliance** with DOS

status.

#### **LEVEL V**

Seclusion/Restraint

1:1 **noncompliant**

**\*For every 1:1 over 2 patients**

**on this status add 15**

**additional points.**

**\*if 2 staff members are needed for off-grounds escort for appointments =  
add 30 points to acuity score.**

3. Each level is assigned a numerical value based upon the type of patient  
being served and is as follows:

#### **POINTS**

# Level I patients \_\_\_\_\_X 1 =

# Level II patients \_\_\_\_\_X 2 =

# Level III patients \_\_\_\_\_X 3 =

# Level IV patients \_\_\_\_\_X 4 =

# Level V patients \_\_\_\_\_X 5 =

**Additional score for escorts =**

#### **Total Acuity Score**

4. Minimum staffing patterns for each unit have been developed based  
upon the patient acuity.

5. The unit RN calls the acuity scores to the Staffing Office prior to the  
oncoming shift.

6. The Staffing Office/SSRN calculates the required staffing patterns based

upon the patient acuity level.

- 6.1 The psych tech pool and RN pool are utilized to meet the needed staffing patterns throughout the hospital.
- 6.2 Staff may be pulled from one area of the hospital to another in order to meet the staffing requirements.
- 6.3 Variances from the staffing requirement and the actual staff available are recorded for each shift.

5/98; 10/02 ptacuity.pol

## Chapter 6

### **Personnel Management & Nursing Administration**

#### **POLICY:**

Utah State Hospital promotes retention and recruitment of RN's and LPN's.

#### **PROCEDURE:**

1. Utah State Hospital promotes retention of Registered Nurses.
  - 1.1 The Nurse Executive monitors salaries and benefits available to Registered Nurses in the vicinity of the Utah State Hospital.
    - 1.1.2 The Nurse Executive keeps the Superintendent and the Hospital Clinical Director apprised of nursing needs and salaries in the hospital.
    - 1.1.3 The Superintendent works closely with the Department of Human Services to maintain equitable salaries for RN's.
  - 1.2 The Nurse Executive and Nursing QI Committee identify learning needs of the nursing staff.
    - 1.2.1 Inservices focus on identified or perceiving nursing needs of the nursing staff.
    - 1.2.2 Education leave can be granted for outside CME offerings.
  - 1.3 Utah State Hospital provides benefits for the nursing staff i.e. medical insurance, vacation time, sick time, holiday time, military leave, and so on.
  - 1.4 The Nurse Executive acts as a direct spokesperson from nursing personnel to administrative staff.
2. Utah State Hospital actively recruits RN's and LPN's when vacancies exist.
  - 2.1 A portion of the nursing budget is used for recruitment.
  - 2.2 The Nurse Executive and Superintendent actively pursue methods of recruitment with the Department of Human Services and Human Resources.

11/90;1/94; 4/98; 8/01 recruit.pol

## Chapter 6

### **Personnel Management & Nursing Administration**

**POLICY:** Vehicles purchased or leased by the hospital are used for State Hospital business only. (See USH:OPP Fiscal Management Chapter Section 6: Vehicle Use)

#### **PROCEDURE:**

1. When a vehicle is needed for hospital business, a vehicle request is submitted to the switchboard by noon Friday to use a vehicle during the following week.
  - 1.1 Use of vehicles on short notice is according to the availability of the vehicles.
2. The driver picks up the key and the vehicle notebook from the

Switchboard operator at the time that use of the vehicle is required.

2.1 The driver must have completed the Defensive Driving course in order to drive a State vehicle.

2.2 The driver must know his/her PIN number in order to check out a vehicle.

2.2.1 The Defensive Driving course must be completed every 3 years.

2.3 The date, beginning mileage, departure time, and destination are filled out on the vehicle control and record sheet in the notebook before the driver begins the trip.

2.4 When the driver returns the vehicle, the driver refuels the vehicle if needed, and the key and notebook are returned to the switchboard.

2.4.1 The mileage information in the notebook is completed prior to turning the book into the switchboard.

3. If a vehicle breaks down the driver calls the switchboard to arrange for transportation and possible repair.

4. In case of an accident the driver follows the instructions in the notebook entitled "In Case of an Accident".

3/98; 8/01 vehicle.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **POLICY**

All Registered nurses have specific job related duties to complete on their shift.

#### **PROCEDURE:**

##### **DAY SHIFT RN DUTIES**

1. Attend Change of Shift:
  - 1.1 Initial each graveyard shift employee's time sheet for hour of leaving the unit.
  - 1.2 Initial each day shift employee's time sheet with time of arrival if RN from night shift has not done so.
  - 1.3 Listen to change of shift report to assess the general condition of each patient.
  - 1.4 Assess patient acuity for the shift and make assignments as necessary for DOS, 1:1, 15 minute checks, med watch, meal watch, off unit appointments, and make patient assignments to the psych techs. Assign other unit jobs and break times (not to include COS times) to each staff member.
2. Complete narcotics count with the oncoming RN or LPN.
3. Make general rounds of the unit to assess present patient needs and arrange for the immediate needs.
4. If no LPN on the unit, prepare and give medications and do treatments at times ordered through out the shift and count and sign for controlled medication. Sign Medication Administration Record. Make sure new orders are transcribed onto the Medication Administration record.
5. Check appointments for the day. Order car from switchboard if needed. Ensure that all appointments have transportation and psych tech coverage.
6. Type morning report on the computer for UND and Nursing Administration.
7. Attend morning meeting and give patient status report to the clinical staff.
8. Attend Clinical staffings on the patients. Complete ICTP assessments and set objectives with patient's input prior to clinicals. Monitor and chart on patient's progress.
9. Supervise the Psych Techs, LPN, Environmentalist, PSO, and Unit Clerk and coordinate patient care. Deal with any problems that you can on your shift, report any significant problems to the UND.
10. Assess patients before they go out on pass or on an activity. Clear lists for groups that are being taken of the unit. Be sure there is adequate staff coverage for off unit activities.
11. Work with the Unit Clerk/LPN to make sure physician's orders are taken off correctly. Note doctor's orders. Follow up on orders, labs, consults, etc. as needed. Ensure med orders get to pharmacy within two hours so

- meds are available when needed.
12. Assess patient needs for PRN medications, give the medication, and document. If patient's behavior makes them a danger to self or others and less restrictive alternatives do not de-escalate the patient, then use of seclusion and/or restraints may be indicated: obtain a doctor's order for seclusion and/or restraint. Assign a staff member to monitor patient continuously and complete the checklist q 15 minutes. Assess and chart on patient hourly in the blue notes. Offer bathroom break and food/fluids at least every 2 hours. Complete SRF on computer (PIRS).
  13. Interact with staff and assist staff as needed. Follow up with staff to ensure that assignments are carried out, and that patients on watches are being monitored properly at all times. Work with Environmentalist to assure the unit is clean and neat. Ensure that psych tech assignments for cleaning are completed.
  14. Be sure that all nursing staff get their breaks and lunches if at all possible. If lunch breaks are not possible make a note on the individual staff time sheets.
  15. Be visible on the unit as much as possible and assist patients with their needs. Sometimes they just need some attention or someone to listen to them. Intervene before incidents escalate.
  16. Chart on assigned patients; weekly, monthly, and ICTP assessments/goals. Chart interventions as needed - medical problems, escalating behaviors, PRN meds needed, time outs, patients on 15 minute checks, patients on DOS, 1;1's, seclusion and restraints needed. Document any significant changes in the patient that occur on your shift.
  17. Call Physician for needed orders, i.e. seclusion or restraint, illness or injury etc. Tag every verbal order with a sticky so the physician will know to sign it. On shifts other than days Monday thru Friday please call the SSRN to let them know when you need to call the Physician.
  18. Be a part of the admission team when a new patient comes to the unit. Complete the nursing admission assessment on your shift. Ask the next shift to help you if the admission occurs late in the shift.
  19. Handle all emergencies and transfers. Follow protocol for AWOLs, transfers, patients needing to go to the ER, coverage needed for unit, injuries, etc..
  20. Be familiar with Nursing Policy and Procedure Manual and know how to access USH:OPP and other needed manuals.
  21. Take care of Home visit orders--be sure pharmacy has the med orders as early as possible for any home visits (24 hours if at all possible).
  22. Write a discharge note for all patients who are discharged from your shift. This note should include the status of the patient at discharge, changes that have occurred during the hospitalization, things that still need to be worked on after discharge.
  23. Interact with families and visitors in a professional manner. Document any interactions with a patient's family or significant others.
  24. Fill in acuity sheet. Make appropriate changes in schedule of any

employee calling in sick. Call acuity to scheduling at extension 44262 by 1330.

25. Read e-mail and act appropriately as needed.
26. Give COS report to oncoming shift, including all patients' status. Initial each afternoon shift employee's time sheet for time of arrival on unit. Initial each day shift employee's time sheet for hour of leaving the unit.
27. Assess patient acuity for the shift and make assignments as necessary for DOS, 1:1, 15 minute checks, med watch, meal watch, off unit appointments, and make patient assignments to the psych techs. Assign other unit jobs and break times (not to include COS times) to each staff member.
28. Conduct a weekly group. Engage in ongoing patient teaching.
29. Responsible to provide input on performance plans of personnel supervised i.e. LPN's, Psych Techs, PSO's, Environmentalists.
30. Complete narcotics count with the oncoming RN or LPN.
31. If no LPN on the unit, prepare and give medications and do treatments at times ordered through out the shift and count and sign for controlled medication. Sign Medication Administration Record. Make sure new orders are transcribed onto the Medication Administration record.
32. Give COS report to oncoming shift, including all patients' status. Initial each night shift employee's time sheet for time of arrival on unit.
33. Do crash cart check (if not night shift's duty).

#### NIGHT SHIFT RN DUTIES

1. Attend Change of Shift:
  - 1.1 Initial each evening shift employee's time sheet for hour of leaving the unit.
  - 1.2 Initial each night shift employee's time sheet with time of arrival if RN from night shift has not done so.
  - 1.3 Give change of shift report including the general condition of each patient.
  - 1.4 Assess acuity for the night shift and make assignments as necessary for DOS, 1:1, 15 minute checks, med watch, meal watch, and make patient assignments to the psych techs. Assign other unit jobs and break times (not to include COS times) to each staff member.
2. Complete narcotics count with the oncoming RN or LPN.
3. Make general rounds of the unit to assess present patient needs and arrange for the immediate needs. .
4. Supervise the Psych Techs - Deal with any problems that you can on your shift, report any significant problems to the UND.
5. Assess patient needs for PRN medications, give the medication, and document. If patient's behavior makes them a danger to self or others and less restrictive alternatives do not de-escalate the patient, then use of seclusion and/or restraints may be indicated: obtain a doctor's order for seclusion and/or restraint. Assign a staff member to monitor patient continuously and complete checklist q 15 minutes. Assess and chart on

patient hourly in the blue notes. Offer bathroom break and food/fluids at least every 2 hours. Complete SRF on computer (PIRS).

6. Interact with staff and assist staff as needed. Follow up with staff to ensure that assignments are carried out, and that patients on watches are being monitored properly at all times. Work with psych techs to assure the cleaning assignments are completed and the unit is clean and neat. Complete refrigerator check sheet; Check crash cart and oxygen tanks (if on your unit)--if not completed on afternoon shift.
7. Check computer census verification for patient list accuracy and update as necessary, ie. home visit, trial leave, elopement, medical separation, court visits, admission or discharge of patients. Print off changes and place in the appropriate area. Also, read e-mail and act accordingly.
8. Ensure Psych Techs are doing their night checks of the patients.
9. Ensure that all nursing staff get their breaks and lunches if at all possible. If lunch breaks are not possible indicate on each individual staff time sheet.
10. Assist patients with their needs. Sometimes they just need some attention or someone to listen to them. Intervene before incidents escalate.
11. Chart on assigned patients; weekly, monthly, and ICTP assessments/goals. Chart interventions as needed - medical problems, escalating behaviors, PRN meds needed, time outs, patients on 15 minute checks, patients on DOS, 1;1's, seclusion and restraints needed. Document any significant changes in the patient that occur on your shift.
12. Call Physician for needed orders, i.e. seclusion or restraint, illness or injury etc. Tag every verbal order with a purple sticky so the physician will know to sign it. Call the SSRN to let them know when you need to call the Physician.
13. Handle all emergencies and transfers. Follow protocol for AWOLs, transfers, patients needing to go to the ER, coverage needed for unit, injuries, etc..
14. Complete the chart monitoring including the check of all medications ordered during the past 24 hours, 24 hour check of each patient's chart for orders, and other chart monitoring as assigned by the UND. Stock patient charts with all discipline papers needed i.e. blue notes, yellow notes, physician's orders, etc.
15. Weekly reorder all needed medications. Review and print medication sheets for each new month.
16. Fill in patient acuity sheet. Make appropriate changes in schedule of any employee calling in sick. Call acuity to scheduling at extension 44262 by 2130 and 0600.
17. Read e-mail and act appropriately as needed.
18. Prepare and give medications and do treatments at times ordered through out the shift and count and sign for controlled medication. Sign Medication Administration Record. Make sure new orders are transcribed onto the Medication Administration record.

19. Give COS report to oncoming shift, including all patients' status. Initial each day shift employee's time sheet for time of arrival on unit.

8/98; 10/00 rnduties.pol

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **I. JOB SUMMARY**

The psychiatric technician is a member of the Nursing Discipline of Utah State Hospital. Primary function is to perform direct patient care as assigned by the unit staff registered nurse and /or unit nursing director; works within a treatment team to promote the general health and well-being of the inpatient psychiatric patient and to assist in his/her return to an optimal level of health. This may involve patient self-government processes, therapeutic community processes, or other group activities that require cooperative, nurturing, interactional support from psychiatric technicians, both individually and as a group.

#### **II. JOB RESPONSIBILITIES**

The psych tech is responsible to the staff charge nurse assigned to that shift and is ultimately responsible to the unit nursing director. The unit nursing director is responsible for evaluating the psych tech's job performance with input as requested from other treatment team members or by delegating the evaluation to a staff RN.

#### **III. JOB DUTIES**

##### **1. Clinical Duties**

- a. Observes psychiatric patient behavior and condition.
- b. Encourages patients to participate in social and recreational activities and in self-care;
- c. Assists in admission and discharge of patients.
- d. Supervises and assists with direct patient care as evidenced by assisting patients with activities of daily living, i.e., bathing, grooming, laundry, meals, cleaning, duties, dressing appropriately, and other specific needs of the patient. May provide total or partial assistance to physically disabled patients.
- e. Assists in medical treatment under direct supervision of registered nurse.
- f. Provides unit security: Assists in special treatment procedures under the direct supervision of the registered nurse; performs patient watches for suicide and elopement precautions as directed; is aware of patient milieu and needs for security on an on-going basis; may escort patients to activities and appointments.
- g. Acts as group process facilitator for individual and patient group activities under direct supervision of trained group leader.

##### **2. Performs necessary documentation:**

- a. Charts on assigned patients on regular and PRN basis;
- b. Completes assigned unit paperwork, reports, requisitions;
- c. Completes incident reports and corresponding progress note charting;

- d. May act as a unit chart monitor, with specialized quality assurance training, to ensure all specified documentation requirements are met.
- 3. Transfers necessary information to other hospital personnel:
  - a. Participates actively in change of shift meetings;
  - b. Assesses and reports emergency situations to staff registered nurse;
  - c. Completes all chart, kardex entries as needed.
- 4. Participates in treatment team context as a team member:
  - a. Adheres to unit treatment program and philosophy;
  - b. Adheres to individualized treatment plan for patients.
  - c. Participates in planning, implementing, and evaluating overall treatment program;
- 5. Assists in maintenance of a safe, hazard-free clean environment:
  - a. Reports unsafe conditions promptly;
  - b. Attends housekeeping sponsored inservices on cleaning techniques as assigned;
  - c. Performs cleaning assignments;
- 6. Active Member of Nursing Discipline:
  - a. Is aware of criteria and expectations of job description;
  - b. Attends inservices and training programs designed to increase knowledge and data base in psychiatric treatment;
  - c. Attends unit and hospital-wide meetings as assigned.
- 8. Works shifts and duties as assigned.
  - a. Acts as a positive role model to staff.

#### IV. QUALIFICATIONS STATEMENT

The psychiatric technician is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is also required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e, hospital and unit inservices, workshops, seminars, etc.

- A. Knowledge, Skills and Abilities
  - 1. Knowledge of safety and security regulations
  - 2. Ability to follow procedures and instructions
  - 3. Ability to observe behavior and note changes
  - 4. Ability to apply mental health concepts in interpersonal and therapeutic relationships
- B. Education and Experience
  - 1. Graduation from a standard senior high school or equivalent
  - 2. Preference given to applicants with the following:
    - a. Related college and/or related technical study for the required employment; OR
    - b. Full-time paid related employment or documented volunteer service.
    - c. Completion of the following USH Staff Development classes:
      - 1. Basic Health and Psychotropic Pharmacology

2. Communication
3. Inpatient Therapeutic Processes
4. First Aid
5. Psychology

The psych tech is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. Is required to wear clean, comfortable clothing and shoes. May not wear clogs, or slip-on sandals. Long, dangling earrings should be avoided. Hair should be neat and clean. The psych tech is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patient. Is expected at all times to perform in an appropriate, professional manner with patients and other staff.

12-85;4-94;9-95; 5/98; 10/00 ptjobdesc.pol

\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### OBJECTIVE #1

Participate in direct patient care; provides therapeutic environment and interventions for patients; observe psychiatric patient behavior and condition; encourage patient to participate in social and recreational activities as well as in self care; and laundry; supervise and assist with patient activities of daily living; provide assistance to physically disabled patients as needed. Assist in admission of new patients. Assist in medical treatment under direct supervision of shift RN. Assist in special treatment procedures under direct supervision of shift RN. Provide unit security and be aware of patient milieu and needs for security on an ongoing basis. Escort patients to activities and appointments as assigned.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

- 1.. Complete daily task assignments in a timely manner.
2. Assist other staff members in completing their assignments via participation in teamwork effort.
3. Provide positive feedback to patients when appropriate and/or independent care is performed.
4. Provide patient care in a manner that reflects patient respect and dignity.
5. Complete duties as assigned by RN/UND.
6. Perform assigned watch duties according to policy (i.e. AR, DOS, 1:1).
7. Check treatment book/board for assigned treatments/ICTP charting requirements at beginning of \_\_\_\_\_ shift.
8. Complete unfinished tasks from previous shift.
9. Keeps patient information confidential including meeting discussions.
10. Role model behavior that is professional and appropriate (as outlined in the Code of Conduct).

11. Reports to assigned unit for hospital wide acuity needs in a positive and timely manner.

12. Interacts with patients and provide a supportive therapeutic environment.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Contract with the UND for a special unit assignment related to patient care or programming and complete the assignment.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #2**

Perform necessary documentation. Chart on assigned patients on a regular basis. Chart on PRN basis on appropriate patients. Complete assigned unit paperwork, reports, and requisitions.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Complete all documentation and paperwork assignments each shift in a timely manner.
2. Chart unusual patient behaviors and pertinent occurrences.
3. Know each assigned patient's ICTP goals on the shift and assist patient towards meeting goal.
4. Corrects documentation errors in a timely manner.
5. Document 15-minute checks in PIRS.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Gives written input to the charge RN for the patient ICTP's every 90 days.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #3**

Transfer information to other Hospital personnel. Participate in Change of Shift meetings. Report emergency situations to shift RN and assist per Emergency Protocol. Complete all chart entries as necessary. Provide input into team meetings, change of shift meetings, etc. Assist in maintenance of a safe, hazard-free, and clean environment. Report unsafe conditions promptly. Attend inservices on cleaning techniques. Perform cleaning assignments as requested

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Report unusual patient behaviors and pertinent occurrences in a timely manner to RN.
2. Give report on all assigned patients to RN prior to change of shift.
3. Report concerns regarding peers to RN or UND in timely manner.
4. Consistently complete all assigned cleaning tasks.
5. Report all safety hazards promptly.
6. Maintain order/cleanliness in nursing station and unit.
7. Demonstrate correct use of body mechanics when providing patient care.
8. Ensures that the unit kitchen and bathrooms are clean during the hours that housekeepers are not on the unit.
9. Documents PST for individual patients according to ICTP goals.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Assists the unit RN in a mock drill in each fire, Code 10, and Code Blue during the year. Reviews policies and procedures and completes documentation.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #4

Participate as a facilitator in group activities as assigned by the UND or Charge RN.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Is competent with the educational group process as it relates to the specific population.
2. Completes a minimum of one group per week and documents PST notes (day shift and afternoon shift staff).
3. Chart monitoring (night shift staff).
4. Follow through on activities and groups in an efficient and timely manner.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organizes and consistently runs at least 2 educational and/or diversional groups per week for more than 6 months.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #5

Active member of nursing discipline. Aware of criteria and expectations of job description. Attend inservices and training programs designed to increase knowledge. Attend unit and hospital-wide meetings as assigned. Work shifts and completes duties as assigned. Be familiar with unit treatment program and philosophy. Participate in implementing and evaluating overall treatment program. Provide orientation for new employees as assigned.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Attend change of shift meeting. Complies with Absenteeism/Tardy Policy and Vacation Request Protocol.
2. Attend hospital-wide meetings as assigned.
3. Work shifts as assigned.
4. Perform duties in a timely manner.
5. Actively participate in supporting positive morale on unit. Does not participate in gossip or negativism regarding peers or other shifts.
6. Show an understanding of unit treatment philosophy and individual treatment philosophy and programming by following ICTP modalities.
7. Participate in orientation of other unit personnel.
8. Exhibits open, respectful communication with supervisors and peers (as outlined in the Code of Conduct).

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Views or attends 2 unit or hospital inservices a year. (This does not

include mandatory trainings or meetings)

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

06/03

All new Psychiatric Technicians complete 8 days of training before they are allowed to work on the unit. The following form is completed and maintained in each Psych Tech's personnel file.

**PSYCHIATRIC TECHNICIAN TRAINING  
COMPETENCY FORM**

Name\_\_\_\_\_

Date Training Completed\_\_\_\_\_

When the psychiatric technician completes the hospital training the following forms are used on the unit:

After the PT has been on the unit for 2 months the following is completed:

updated 11/01  
4/01; 11/01

## **Chapter 6**

# **Personnel Management & Nursing Administration**

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### **I. JOB SUMMARY**

The Psychiatric Technician/Environmentalist is a member of the Nursing Discipline of Utah State Hospital. The primary function is to perform duties of a psych tech as well as be responsible to ensure the cleanliness of the patient unit to which they are assigned by the UND. Works within a treatment team context to promote the general health and well-being of the inpatient psychiatric client and to assist his/her return to an optimal level of health.

### **II. JOB RESPONSIBILITIES**

The psych tech/environmentalist is immediately responsible to the unit nursing director. The unit nursing director is responsible for completing the performance plan and job evaluation with input from other treatment team members as requested. The Unit charge RN makes assignments to the psych tech/environmentalist for the shift.

### **III. JOB DUTIES**

The unit nursing director may delegate all or part of the following job responsibilities to the psych tech/environmentalist:

1. Administrative Duties:
  - a. Meets routinely with the unit treatment team;
  - b. Meets routinely with the unit nursing director to receive directions regarding delegation of job assignments relating to position on the unit;
2. Clinical duties
  - a. Observes psychiatric patient behavior and condition;
  - b. Encourages patients to participate in social and recreational activities and in self-care;
  - c. Assists in admission and discharge of patients;
  - d. May assist with unit security: Assists in special treatment procedures under direct supervision of the registered nurse;
  - e. Works with the patient industrial program and nursing staff to insure that patients get assigned on/off ward industrials.
  - f. Aids patients in receiving compensation for assisting with service area needs.
  - g. Recruits, trains, orients patients to work assignments and confirms safety measures are taken for patients as well as staff.
  - h. Helps patients with W2 forms and track time sheets for patient payroll.
  - i. Coordinates patient banking.

3. Environmental Duties
  - a. Completes monthly inspections on the unit and submits report to UND.
  - b. Assesses unit daily for cleanliness and orderliness.
  - c. Supervises patients and their daily ward cleaning.
  - d. Works with patients in keeping clean linens of beds and ordering clean linen supplies.
  - e. Works with nursing staff and patients to maintain a high standard of cleanliness, health and safety on the patient care areas.
  - f. Works closely with unit administration to identify the needs of the service area.
  - g. Works closely with housekeeping to receive training and supervision in MSDS, cleaning supplies, equipment, regulations, etc.
  - h. Assists with housekeeping and UND to identify a list of housekeeping tasks that need to be completed on a daily and weekly basis.
  - i. Orders supplies from the warehouse that pertain to the unit needs.
  - j. Completes work orders on the computer.
  - k. Organizes storage areas and keeps clean.
  - l. Monitors the furnishings of the unit for wear and tear and keeps the unit SMT informed of all problems such as broken furniture or other items, purchasing needs, suggestions for improvements, etc.
3. Performance of Necessary Documentation
  - a. Charts on assigned patients on regular and PRN basis;
  - b. Completes assigned unit paperwork, reports, requisitions;
  - c. Completes incident forms and corresponding progress note charting;
  - d. Works with unit clerk to insure all work orders are entered and processed.
4. Transfer of Necessary Information to Other Hospital Personnel
  - a. Participates actively in change of shift meetings;
  - b. Assesses and reports emergency situations to staff nurse or unit nursing director;
  - c. Completes all chart and kardex entries as needed.
  - d. Picks up patient records and reports at various departments and delivers to the unit.
  - e. Picks up all medication, except narcotics, at pharmacy daily and delivers to the unit.
5. Participates in treatment team context as a team member:
  - a. Adheres to unit treatment program and philosophy;
  - b. Adheres to individualized treatment plan for patients.
  - c. Participates in planning, implementing, and evaluating overall treatment program;
6. Active Member of Nursing Discipline:
  - a. Is aware of criteria and expectations of job description;

- b. Attends inservices and training programs designed to increase knowledge and data base in psychiatric treatment;
  - c. Attends unit and hospital-wide meetings as assigned.
- 8. Works shifts and duties as assigned.
  - a. Acts as a positive role model to staff and patients.

#### IV. QUALIFICATIONS STATEMENT

The psychiatric technician/environmentalist is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e., hospital and unit inservices, workshops, seminars, etc.

- A. Knowledge, Skills and Abilities
  - 1. Knowledge of mental health concepts
  - 2. Knowledge of safety and security regulations
- B. Education and Experience
  - 1. Graduation from a standard senior high school or equivalent, plus one year of full- time paid related employment.

The psych tech/environmentalist is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. The psych tech/environmentalist is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patients and staff. Expected at all times to perform in an appropriate, professional manner with patients and staff.

12-85;4-94;9-95; 5/98; 10/00 environjd.pol

\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### **OBJECTIVE #1**

The Environmentalist is responsible for cleanliness, organization and repair of the unit and furnishings.

#### **STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. The environmentalist is responsible for completion of monthly inspection of the unit and submits the report to the UND.
2. The environmentalist assesses the unit on a daily basis for cleanliness and orderliness.
3. The environmentalist is responsible for ordering all unit supplies including housekeeping supplies.
4. The environmentalist supervises patients while cleaning unit areas.
5. The environmentalist assists the UND and others to identify a list of housekeeping tasks that need to be completed on a daily and weekly basis.
6. Organize storage areas and maintain cleanliness.
7. The environmentalist is responsible to work with the nursing staff and patient to maintain a high standard of cleanliness, health and safety on the patient care areas.
8. The environmentalist works closely with unit administration to identify the needs of the service area.
9. The environmentalist works closely with housekeeping to identify the positions that need education with the MSDS, cleaning supplies, equipment, regulations etc.
10. Responsible to monitor the furnishings of the unit for wear and tear and report to SMT this includes problems such as broken furniture, items, purchasing needs.
11. Passes quarterly inspections on the unit.

#### **STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Develops and implements inservices pertinent to the unit needs at least quarterly.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### **OBJECTIVE #2**

The Environmentalist works closely with the patient industrial program and is responsible for patient banking.

#### **STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Take patient referrals for industrial therapy and works with voc rehab for establishing on/off ward industrials.
2. Works with patient industrial program and nursing staff to ensure that these areas are addressed adequately and patient gets to assigned on/off ward industrials.
3. Assists patients in receiving compensation for industrial work assignments.
4. Help pt with W4 forms and track time sheets for pt payroll.
5. The environmentalist recruits, trains and orients patients to work assignments.
6. Supervises patients and their daily ward cleaning assignments.
7. Assists patients and clinics in obtaining finances for eyeglasses, dentures and other appliances such as orthotics.
8. Assists the patients with money issues and banking weekly.

#### **STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Attends all required hospital industrial coordinator meetings.

2. Provides written input weekly on the ICTP objectives of each patient's clinical.
3. Does patient shopping for patients who are unable to leave the unit and assists other patients with their shopping.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

### OBJECTIVE #3

The environmentalist is responsible for Psych Tech duties as follows: Participate in direct patient care; observe psychiatric patient behavior and condition; encourage patient to participate in social and recreational activities as well as in self care; supervise and assist with patient activities of daily living; provide assistance to physically disabled patients as needed. Assist in admission of new patients. Assist in medical treatment under direct supervision of shift RN. Provide unit security. Assist in special treatment procedures under direct supervision of shift RN. Be aware of patient milieu and needs for security on an ongoing basis. Escort patients to activities and appointments as assigned. Take care of patient laundry. Perform necessary documentation. Chart on assigned patients on a regular basis. Chart on PRN basis on appropriate patients. Complete assigned unit paperwork, reports, and requisitions. Transfer information to other Hospital personnel. Participate in Change of Shift meetings as assigned. Report emergency situations to shift RN. Assist with emergency situations. Complete all chart and log entries as necessary. Provide input into team meetings, change of shift meetings, etc.

### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Complete daily task assignments in a timely manner.
2. Assist other staff members in completing their assignments via participation in teamwork effort.
3. Provide positive feedback to patients when appropriate and/or independent care is performed.
4. Provide patient care in a manner that reflects patient respect and dignity.
5. Complete duties as assigned by RN.
6. Perform assigned watch duties.
7. Check treatment book/board for assigned treatments/ICTP charting requirements at beginning of shift.
8. Complete unfinished tasks from previous shift.
9. Complete all documentation and paperwork assignments in a timely manner.
10. Chart unusual patient behaviors and pertinent occurrences.
11. Know each assigned patient's ICTP goals on the shift.
12. Report unusual patient behaviors and pertinent occurrences in a timely manner to RN.
13. Give report to RN prior to change of shift.
14. Report concerns regarding peers to RN or UND in timely manner.
15. Demonstrate correct use of body mechanics when providing patient care.
16. Role model behavior that is professional and appropriate (as outlined in the code of conduct).

### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Contract with the UND for a special unit assignment related to patient care or programming and complete the assignment.
2. Assists the unit RN in planning and implementing a mock drill for fire, Code 10, and Code Blue during the year. Reviews policies and procedures and completes documentation.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #4

Active member of nursing discipline. Aware of criteria and expectations of job description. Attend inservices and training programs designed to increase knowledge and data base. Attend unit and hospital-wide meetings as assigned. Work shifts and complete duties as assigned. Be familiar with unit treatment program and philosophy. Participate in implementing and evaluating overall treatment program. Provide orientation for new employees as assigned.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Attendance at change of shift meeting. Complies with Absenteeism/Tardy Policy and Vacation Request Protocol.
2. Attend hospital-wide meetings as assigned.
3. Work shifts as assigned.
4. Perform duties in a timely manner.
5. Active participating in supporting positive morale on unit. Does not participate in gossip or negativism regarding peers or other shifts.
6. Show an understanding of unit treatment philosophy and individual treatment philosophy and programming by following ICTP modalities.
7. Participate in orientation of other unit personnel.
8. Exhibits open respectful communication with supervisors and peers (as outlined in the Code of Conduct).

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

Attends and participates in a minimum of 1 unit or hospital inservice quarterly. (This does not include mandatory trainings or meetings)

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation  
8/98; 10/00; 4/01; 8/01; 06/03

## **Chapter 6**

### **Personnel Management & Nursing Administration**

#### **I. JOB SUMMARY**

The psychiatric technician--mentor is a member of the Nursing Discipline of Utah State Hospital. The primary function is to provide direct patient care as directed by the staff charge nurse and/or nursing director. Works within a treatment team concept to promote the general health and well-being of the inpatient psychiatric client and to assist in his/her return to an optimal level of health. Also works as a mentor to new psych techs to assist them in orientation and skills on the unit.

#### **II. JOB DUTIES**

The staff registered nurse assigns tasks directly to the psych tech--mentor. These duties may include but are not limited to:

1. Clinical Duties
  - a. Observes psychiatric patient behavior and condition.
  - b. Encourages patients to participate in social and recreational activities and in self-care; supervises and assists with activities of daily living for patients; may provide total or partial assistance to physically-disabled patients.
  - c. Assists in admission and discharge of patients.
  - d. Assists in medical treatment under direct supervision of registered nurse.
  - e. Provides unit security: Assists in special treatment procedures under the direct supervision of the registered nurse; performs patient watches for suicide and elopement precautions as directed; is aware of patient milieu and needs for security on an on-going basis; may escort patients to activities and appointments.
  - f. Acts as group process facilitator for individual and patient group activities under direct supervision of trained group leader.
2. Mentor Duties
  - a. Orients new psych techs to the unit, patient community, safety issues on the unit, resources, assignment procedures, and activities procedures.
  - b. Provides ongoing reports of progress on new employees to Unit Nursing Director.
  - c. Participates in the probationary evaluation of the new psych techs.
  - d. Is responsible for the completion of the new psych techs skills checklist to fulfill the completion of orientation of the new psych

- tech.
- e. Is a role model for the psych techs.
- 3. Performs necessary documentation:
  - a. Charts on assigned patients on regular and PRN basis;
  - b. Completes assigned unit paperwork, reports, requisitions;
  - c. Completes incident reports and corresponding progress note charting;
  - d. May act as a unit chart monitor, with specialized quality assurance training, to ensure all specified documentation requirements are met.
- 4. Transfers necessary information to other hospital personnel:
  - a. Participates actively in change of shift meetings;
  - b. Assesses and reports emergency situations to staff registered nurse;
  - c. Completes all chart, kardex entries as needed.
- 5. Participates in treatment team context as a team member:
  - a. Adheres to unit treatment program and philosophy;
  - b. Adheres to individualized treatment plan for patients.
  - c. Participates in planning, implementing, and evaluating overall treatment program;
- 6. Assists in maintenance of a safe, hazard-free clean environment:
  - a. Reports unsafe conditions promptly;
  - b. Attends housekeeping sponsored inservices on cleaning techniques as assigned;
  - c. Performs cleaning assignments;
- 7. Active Member of Nursing Discipline:
  - a. Is aware of criteria and expectations of job description;
  - b. Attends inservices and training programs designed to increase knowledge and data base in psychiatric treatment;
  - c. Attends unit and hospital-wide meetings as assigned.
- 8. Works shifts and duties as assigned.
  - a. Acts as a positive role model to staff.

#### IV. QUALIFICATIONS STATEMENT

The psychiatric technician mentor is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e., hospital and unit inservices, workshops, seminars, etc.

- A. Knowledge, Skills and Abilities
  - 1. Knowledge of mental health concepts
  - 2. Knowledge of safety and security regulations
- B. Education and Experience
  - 1. Graduation from a standard senior high school or equivalent, plus one year of full-time paid related employment; Mentor qualified.

The psych tech mentor is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. The psych tech mentor is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patients and staff. Expected at all times to perform in an appropriate, professional manner with patients and staff.

12-85;4-94;9-95; 5/98; 10/00 mentorjd.pol

\_\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

### **OBJECTIVE #1**

The Psych Tech Mentor is responsible for Psych Tech duties as follows: Participate in direct patient care; observe psychiatric patient behavior and condition; encourage patient to participate in social and recreational activities as well as in self care; supervise and assist with patient activities of daily living; provide assistance to physically disabled patients as needed. Assist in admission of new patients. Assist in medical treatment under direct supervision of shift RN. Provide unit security. Assist in special treatment procedures under direct supervision of shift RN. Be aware of patient milieu and needs for security on an ongoing basis. Escort patients to activities and appointments as assigned. Take care of patient laundry. Perform necessary documentation. Chart on assigned patients on a regular basis. Chart on PRN basis on appropriate patients. Complete assigned unit paperwork, reports, and requisitions. Transfer information to other Hospital personnel. Participate in Change of Shift meetings as assigned. Report emergency situations to shift RN. Assist with emergency situations. Complete all chart and log entries as necessary. Provide input into team meetings, change of shift meetings, etc. Assist in maintenance of a safe, hazard-free, and clean environment. Report unsafe conditions promptly. Attend inservices on cleaning techniques. Perform cleaning assignments as requested.

### **STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Complete daily task assignments in a timely manner.
2. Assist other staff members in completing their assignments via participation in teamwork effort.
3. Provide positive feedback to patients when appropriate and/or independent care is performed.
4. Provide patient care in a manner that reflects patient respect and dignity.
5. Complete duties as assigned by RN/UND.
6. Perform assigned watch duties.
7. Check treatment book/board for assigned treatments/ICTP charting requirements at beginning of shift.
8. Complete unfinished tasks from previous shift.
9. Complete all documentation and paperwork assignments in a timely manner.
10. Chart unusual patient behaviors and pertinent occurrences.
11. Know each assigned patient's ICTP goals on the shift.
12. Report unusual patient behaviors and pertinent occurrences in a timely manner to RN.
13. Give report to RN prior to change of shift.
14. Report concerns regarding peers to RN or UND in timely manner.
15. Demonstrate correct use of body mechanics when providing patient care.
16. Consistently complete all assigned cleaning tasks.
17. Report all safety hazards promptly.
18. Maintain order/cleanliness in nursing station and treatment room.
19. Role model behavior that is professional and appropriate (as outlined in the Code of Conduct).
20. Reports to assigned unit for hospital wide acuity needs in a positive and timely manner.

### **STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Contract with the UND for a special unit assignment related to patient care or programming and complete the assignment.
2. Assist the unit RN in planning and implementing a mock drill in each fire, Code 10, and Code Blue during the year. Reviews policies and procedures and completes

documentation.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #2

Participate as a facilitator in group activities as assigned by the UND or Charge RN.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Is competent with the educational group process as it relates to the specific population.
2. Comply with group assignments from the UND or Charge RN.
3. Follow through on activities in an efficient and timely manner.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organize and consistently runs at least 2 educational or diversional groups per week for more than 6 months.

OR

2. Is a SIT trainer for the unit.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #3

The Psych Tech Mentor is responsible to orient new Psych Techs and to help educate unit employees to new policies and procedures. Act as one-to-one orientation buddy to new Psych Techs as assigned.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The Psych Tech Mentor does a physical orientation of the unit for all new employees of the unit.
2. The Psych Tech Mentor works with new employees to complete the unit orientation packet and the orientation checklist.
3. The Psych Tech Mentor assists in the six month evaluation of new employees through written feedback to the RN's and UND.
4. The Psych Tech Mentor is responsible to identify learning needs of staff and help educate staff to policies and procedures.
5. The Psych Tech Mentor is responsible to work with the other unit mentors and UND to assess the training and education needs of the unit staff and to update each Psych Tech's checklist.
6. The Psych Tech Mentor is responsible to report any staff behavior that causes risk to the unit or patients to the Charge RN and the UND.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Contract with the UND to provide orientation re-training to specific employees on the unit at least quarterly.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #4

Active member of nursing discipline. Aware of criteria and expectations of job description. Attend inservices and training programs designed to increase knowledge and data base. Attend unit and hospital-wide meetings as assigned. Work shifts and complete duties as assigned.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Attendance at change of shift meeting. Complies with Absenteeism/Tardy Policy and Vacation Request Protocol.

2. Attend hospital-wide meetings as assigned.
3. Work shifts as assigned.
4. Perform duties in a timely manner.
5. Active participating in supporting positive morale on unit. Does not participate in gossip or negativism regarding peers or other shifts.
6. Show an understanding of unit treatment philosophy and individual treatment philosophy and programming by following ICTP modalities.
7. Participate in orientation of other unit personnel.
8. Exhibits open, respectful communication with supervisors and peers (as outlined in the Code of Conduct).

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Attend and participates in a minimum of 1 unit or hospital inservice quarterly. (This does not include mandatory trainings or meetings)
2. Complete all employee development evaluations as assigned by the UND.

#### Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

10/00; 8/01; 06/03

## Chapter 6

### Personnel Management & Nursing Administration

#### I. JOB SUMMARY

The licensed practical nurse at the Utah State Hospital works under the general supervision of a Unit Nursing Director and reports to a staff RN for their assignments. The LPN's primary function is to perform as a medication and

treatment nurse. The LPN works within a treatment team to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health.

## II. JOB RELATIONSHIPS/CONTACTS

The LPN is ultimately responsible to the Unit Supervising Nurse. The Unit Supervising Nurse evaluates the LPN performance with feedback from other RN's or may assign a staff RN to complete the performance evaluation. The RN on the same shift gives clinical supervision and direction to the LPN and is a resource for the LPN.

## III. RESPONSIBILITIES

- A. Medication and Treatments:
  - 1. Administers prescribed medications to patients.
  - 2. Performs prescribed treatments as directed by license under the direction of the RN.
- B. Completes required documentation duties:
  - 1. Transcription of written orders;
  - 2. Progress notes.
- C. Participates in overall treatment program of patients on unit:
  - 1. Reports and transfers information to RN and oncoming shift;
  - 2. Participates in required unit meetings;
  - 3. Assesses and reports emergency situations to RN;
  - 4. Assists with seclusion and restraints as directed by RN;
  - 5. Familiar with treatment program, individualized structure of patients on unit;
  - 6. Charting PRN's - response to medications
- D. Miscellaneous:
  - 1. Orders medications and supplies for unit;
  - 2. Keep medication/treatment room environment clean, safe, hazard-free.
  - 3. Is a member of hospital-wide nursing discipline.
  - 4. Attends hospital provided inservices and training programs designed to increase or maintain appropriate nursing skills;
- 5. Works shifts and duties as assigned.

The LPN is expected to be competent in all nursing skills falling within his/her area of expertise and is expected to maintain those skills. The skills include those functions as stated in the Scope of Practice by the Utah State Board of Nursing:

- A. "Under the supervision of a registered nurse, physician, or dentist, participates in assessing, planning, implementing, and evaluating nursing care and teaching the promotion of health and prevention of disease."
  - 1. Assessment skills include but are not limited to: monitoring of vital signs, body functions, neurological signs, blood sugar, and assessing patient behavior in response to medication and treatment program, assessing patient hygiene needs, and identifying problem areas in patients'

- status.
2. Planning skills include participation in ongoing treatment discussions and decisions.
  3. Implementation skills include accurately transcribing, recording, and performing physician, nurse practitioner and nursing orders.
  4. Evaluation skills include participation in team discussions and decisions regarding total care of the patient.
  5. The LPN is expected to provide teaching to the patient for the promotion of their health and prevention of disease.
- B. "Observes and reports to the RN significant symptoms, reactions, and changes in the condition of the patient and records pertinent information."
- The LPN must be able to express observations both in oral and written terms; must be able to exercise judgement in amount and kind of information passed on to other personnel; must be competent in giving and receiving report of patients' status; must be accountable for transfer of information to patients' chart.
- C. "Performs procedures for which the preparation of the licensed practical nurse has provided the necessary degree of skill and judgement.":
- These procedures include but are not limited to the following: Monitoring IV's, emergency first aid, CPR, bed baths, care of acutely ill patients, assessing and recording intake and output, monitoring and insertion of nasogastric tubes and administering feedings, being adept at medication procedures for all routes except IV and IV push (unless IV certified), being familiar with medication interactions, timing of critical medications, understanding of psychotropics and their impact on patients, being familiar with the use of emergency equipment including suctioning, use of the AED (external defibrillator), placement of oxygen tubing, and crash cart, urinary catheter insertion, observation and maintenance.
- D. "Through additional education the licensed practical nurse may acquire knowledge and skills which may allow them to perform specialized nursing functions within the scope of practice as defined by the Board of Nursing.

#### V. KNOWLEDGE AND TRAINING REQUIRED

1. Registration as a licensed practical nurse in the State of Utah.
2. Graduation from an approved school of licensed practical nursing conforming to the standards of the State of Utah.

The LPN is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The LPN is expected at all times to behave in an appropriate, professional manner with patients and staff.

10/84; 1/93; 5/98; 8/01; 06/03 lpnjd.pol

\_\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### OBJECTIVE #1

The LPN performs as a medication nurse.

##### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Administers prescribed routine and PRN medications efficiently, accurately, and documents their administration.
2. Is accountable for all controlled substances and completes count with nurse leaving and oncoming nurse each shift and documents signature.
3. Evaluates and documents patient response to medications accurately and in a timely manner.
4. Reports observations and documented assessments to the RN.
5. Keeps the medication room clean and safe. Orders supplies and medications for the unit.
6. Completes patient medication teaching and documents the teaching including the patient's level of understanding.
7. Ensures that medication administration cups are set up according to policy with current patient photo and name.
8. Ensures that medication fridges meet policy standards.
9. Orders supplies and medications for the unit.
10. Checks and replaces expired products monthly.
11. Identifies patients who require lab protocols, implements lab tracking sheets, and orders labs according to policy.

##### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organizes and consistently runs at least 2 educational groups per week for more than 6 months.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #2

The LPN performs as a treatment nurse.

##### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Performs prescribed treatments, including urinary catheter insertion and care.
2. Participates in patient care and treatments as needed and or as assigned.
3. Documents the procedure and the patient response when completed.

##### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Attends a medically oriented inservice or training once per quarter.

OR

2. Provides a patient related inservice for staff twice a year.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

### OBJECTIVE #3

The LPN functions as a team member. Is an active member of nursing discipline and is aware of criteria and expectations of job description. Attend inservices and training programs designed to increase knowledge and data base. Attend unit and hospital-wide meetings as assigned. Work shifts and complete duties as assigned.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Carries out assignments as delegated by the RN.
2. Reports and documents pertinent patient information to the RN.
3. Attends change of shift meeting.
4. Complies with Absenteeism/Tardy Policy and Vacation Request Protocol.
5. Work shifts as assigned.
6. Perform duties in a timely manner.
7. Reports to assigned unit for hospital wide acuity needs in a positive and timely manner.
8. Assess and reports emergency situations to RN; assists with seclusion and restraints as directed by RN; acquires knowledge of individualized structures and treatment programs of patients.
9. Actively participates in supporting positive morale on unit. Does not participate in gossip or negativism regarding peers or other shifts.
10. Participates in orienting of other unit or pool personnel.
11. Shows an understanding of unit, individual and programming philosophy by following ICTP Modalities.
12. Interacts with patients to provide a supportive therapeutic environment.
13. Exhibits open respectful communication with supervisors and peers (as outlined in the Code of Conduct).
14. Role model behavior that is professional and appropriate (as outlined in the Code of Conduct).

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Participates on a unit committee related to patient care, policies and procedures, or programming issues. Attends the committee meetings consistently.
2. Assists the unit RN in planning and implementing a mock drill in each fire, Code 10, and Code Blue during the year. Reviews policies and procedures and completes documentation.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

8/01; 06/03

### **Licensed Practical Nurse Competencies**

#### **COMPETENCY/ORIENTATION VERIFICATION FORM**

#### **LICENSED PRACTICAL NURSE**

Name \_\_\_\_\_ Date of

Hire: \_\_\_\_\_

Employee Number \_\_\_\_\_ Unit:

INSTRUCTIONS: All new Licensed Practical Nurses are required to complete the courses and pass-off the required skills/exams listed below. Courses can be waived at the discretion of the instructor, the Nursing Administrator, or the Unit Nursing Director. Exams are non-negotiable and must be completed in order to demonstrate competency.

Orientation needs to be completed within 30 days of being hired.

1. USING THE NURSING POLICY AND PROCEDURE MANUAL

Completes exercise.

2. DOCUMENTATION REQUIREMENTS

Orientation based on LPN scope of practice.

- A. Admission
- B. Medications/MAR/Reorders
- C. Patient Teaching/Group Notes
- D. Emergency Transfer Form
- E. Noting Physician Orders

3. MEDICATION EXAM

Completes open book medication exam at 90%.

Medication exam must be completed and passed prior to administering medications.

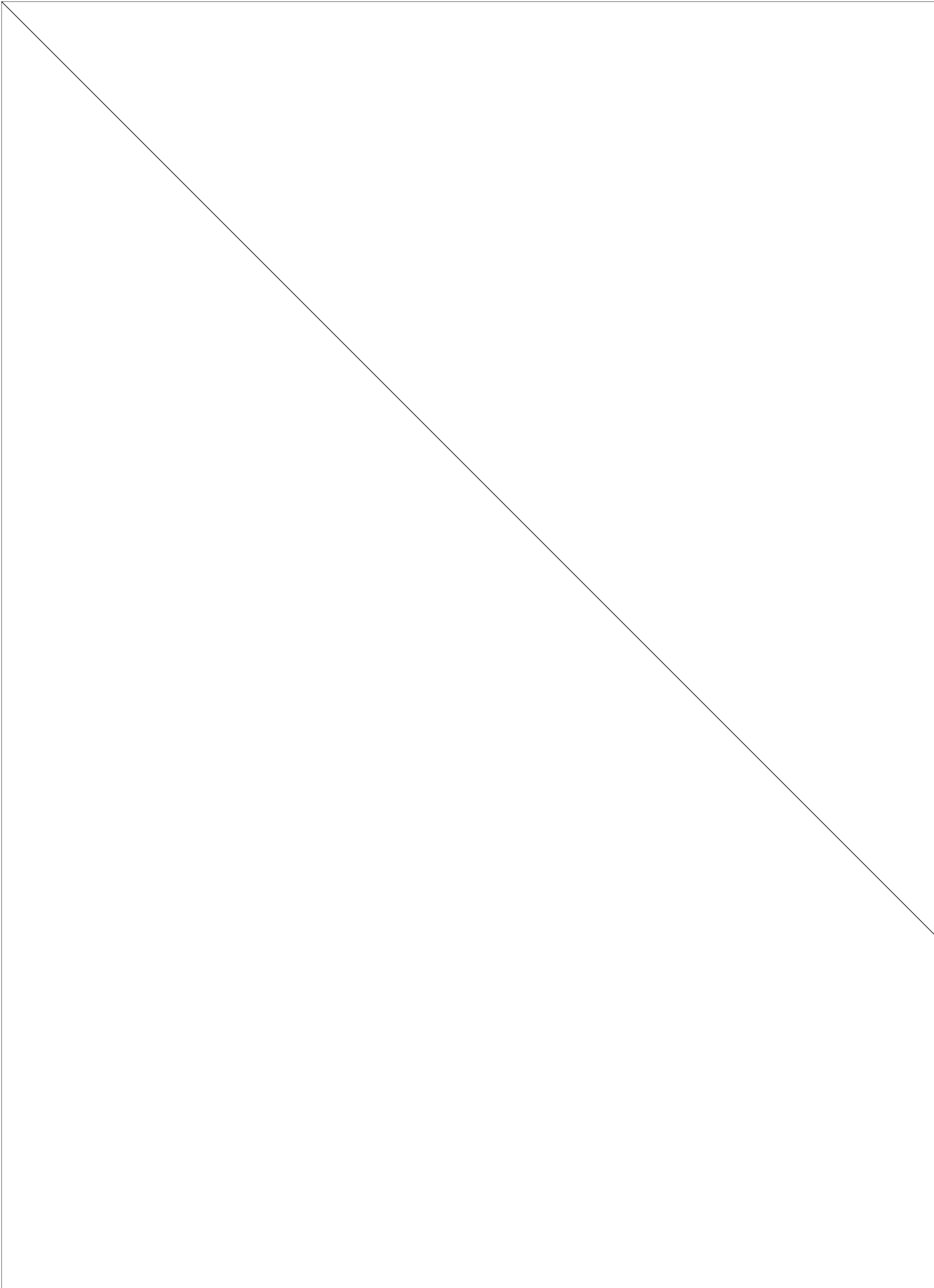
4. ICTP TRAINING Orientation based on LPN scope of practice.

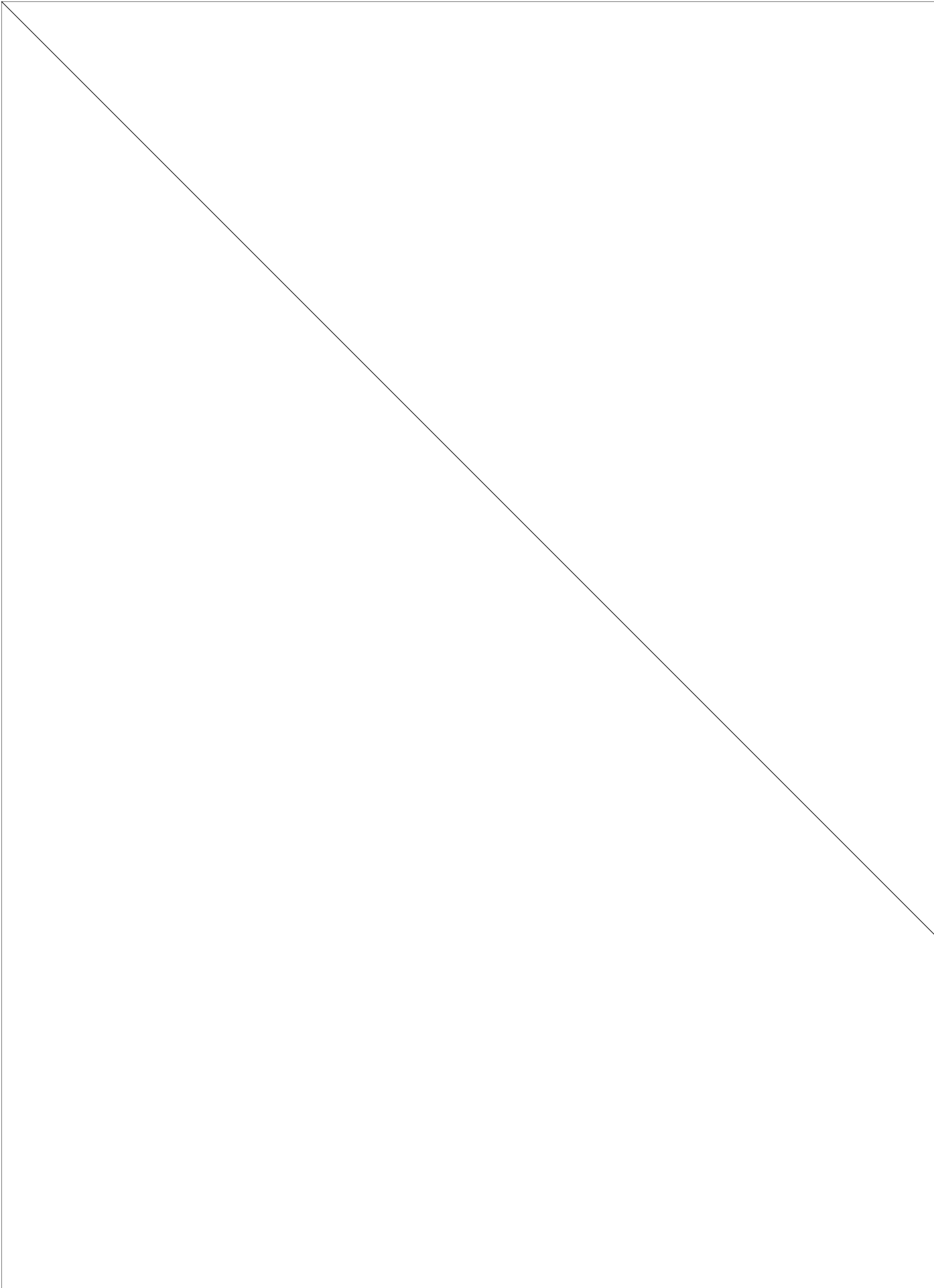
5. USE OF SAFETY NEEDLES

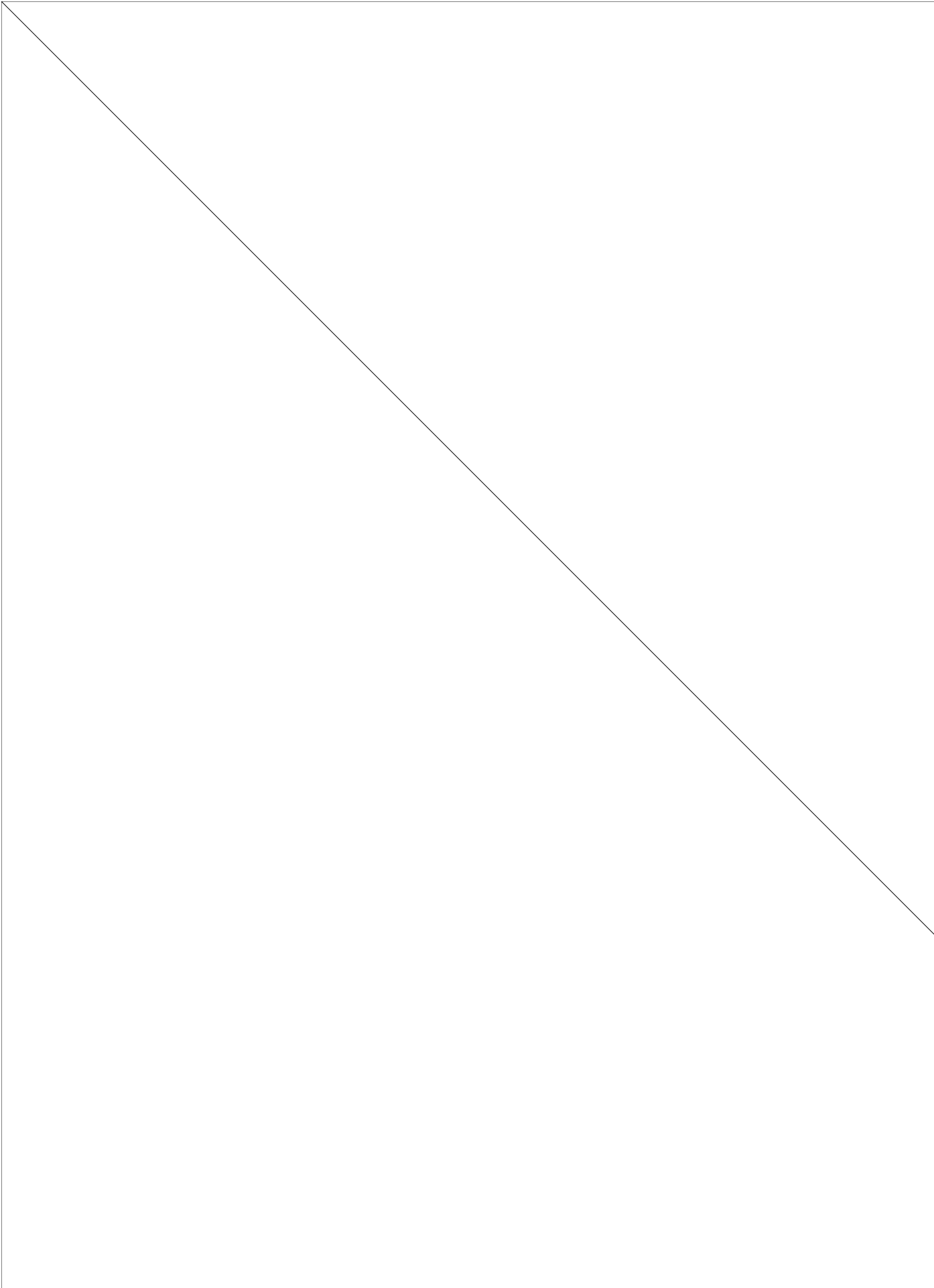
6. NURSING SKILLS      USE AND CARE OF EQUIPMENT
  - A. SureTemp Thermometer
  - B. Saturation Monitor
  - C. Oxygen Tanks and Concentrators
  - D. Maxilift
  - E. Suction Machine
  - F. Nasogastric Tubes
  - G. Precision G Glucometer
  - H. IV Therapy: Theory
7. ELECTRONIC CHARTING
  - A. GroupWise (E-mail)
  - B. USH Manuals
  - C. Netscape (Internet)
  - D. Incident Report/Seclusion and Restraint/Medication Errors (PIRS Report)
  - E. E-Chart
8. PATIENT CARE NEEDS Orientation based on LPN Scope of Practice.
  - A. ECT Procedures and Recovery
  - B. Internal/Outside Consultation Forms
  - C. Ordering EEGs/EKGs/Radiology
  - D. Central Supply/Pharmacy

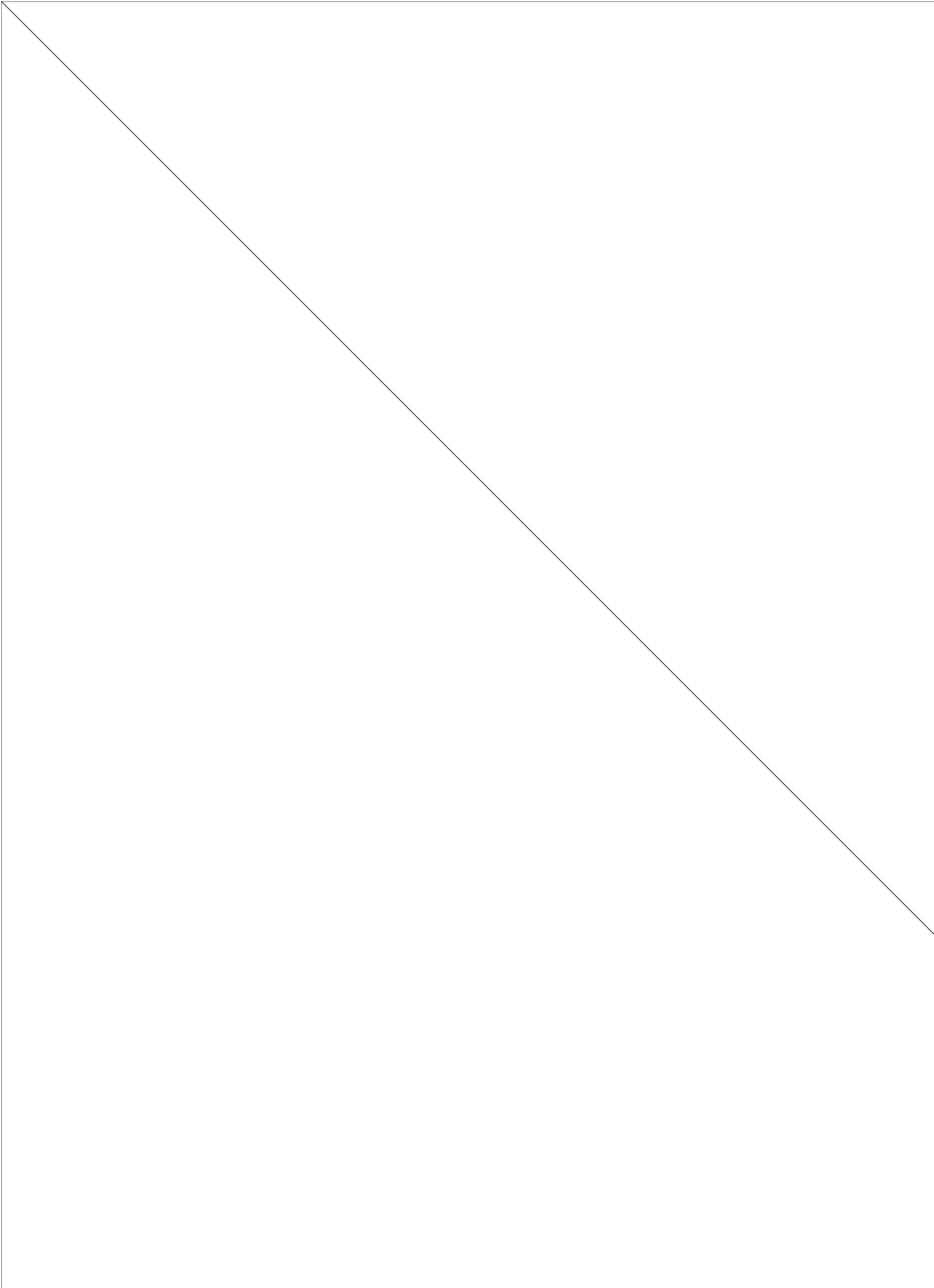
When the LPN is oriented on the unit the following is completed:

After the LPN has been on the unit for 2 months the following is completed:









updated 11/01  
10/00;11/01

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **I. JOB SUMMARY**

The Nurse Administrator functions in an administrative psychiatric nursing role. He/She is responsible for ensuring the quality of nursing care throughout the hospital focusing on the bio-psycho-social-spiritual- environmental needs of the Utah State Hospital patient. The Nurse Administrator is directly responsible to the Assistant Clinical Director/Nurse Executive. The Nurse Administrator is the direct supervisor for the Assistant Nursing Administrator, UND's, Nursing secretary, pool psych techs, schedulers, and Infection Control Department.

#### **II. JOB RELATIONSHIPS/CONTACTS**

The Nurse Administrator is responsible for the overall nursing functioning of the hospital for all shifts. The Assistant Clinical Director/Nurse Executive is the immediate supervisor for this position.

#### **III. JOB RESPONSIBILITIES**

The Nurse Administrator performs the following job duties:

##### **A. Supervision and Management**

1. Provides supervision to the Assistant Nursing Administrator, UND's, Nursing secretary, pool psych techs, schedulers, and Infection Control Department. Completes performance appraisals plans for these individuals.
2. Oversees the scheduling and coordination of 24 hour coverage seven days a week for nursing staff.
3. Assigns specific duties to the Assistant Nursing Administrator, the UND's, the Infection Control Department, the Nursing secretary, and the schedulers.
4. Problem solves in crisis situations at work.
5. Interviews and hires nursing personnel for the hospital.
6. Counsels employees as needed: develops, implements and evaluates corrective actions plans and disciplinary actions.
7. Responsible for daily and bi-weekly accuracy of time records and payroll data sheets.
8. Counsels UND's in administrative duties which includes hiring practices, corrective action plans, and disciplinary actions.
9. Directly involved in the resignation and/or termination process of discipline members.
10. Assists in determining staffing requirements, establishes staffing patterns, and develops and oversees the patient acuity system.
11. Directs purchasing functions of the nursing discipline.

##### **B. Miscellaneous**

1. Attends and/or conducts inservices and training programs designed to increase professional knowledge and growth.
2. Conducts regular UND meetings.

3. Attends administrative meetings as scheduled i.e. Executive Staff meeting, Administrative Services meeting, Nurse Administrator meeting.
4. Member of hospital-wide nursing discipline; attends meetings.
5. Member of assigned hospital-wide committee as a representative of nursing.
6. Assists with administration of the nursing discipline's quality improvement plan.
7. Assists with development of job descriptions and performance plans of discipline members. Consults with Human Resources in development of job descriptions and performance plans.
8. Assists in development of the philosophy of the nursing discipline and the objectives, rules and regulations, and policies and procedures necessary to maintain quality nursing care.

#### IV. KNOWLEDGE AND TRAINING REQUIRED

##### Registered Nurse:

1. Licensure as a registered nurse in the State of Utah.
2. Graduation from an approved school of nursing conforming to the standards of the State of Utah.
3. Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.)
4. Previous experience in a psychiatric setting is preferred.
5. BSN required OR extensive experience as a registered nurse with supervisory responsibilities.
6. Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The Nurse Administrator is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Nurse Administrator is expected at all times to behave in an appropriate, professional manner with patients and staff.

10-84;4-94; 5/98; 9/98; 10/00 najd.pol

\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

##### OBJECTIVE #1

ADMINISTRATIVE: The Nurse Administrator is responsible for management of infection control, Assistant Nurse Administrator, Unit Nursing Directors

(UND's) and thus unit RN's, LPN's, and psych techs, and acuity pool techs/RN's.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Demonstrates supervision and management by keeping performance plans current.
2. Works closely with UND's to fulfill nursing's mission in the hospital.
3. Mediates in disciplinary concerns and actions with unit administrations.
4. Responsible for nursing related issues 24 hours/day.
5. Recruits/interviews/hires RN's and LPN's and interview and hire Psych Techs.
6. Maintains current policy/procedures for nursing/IC.
7. Demonstrates creativity in use of management techniques to provide outstanding supervision of nursing and medical ancillary services.
8. Interviews and hires and supervises Nursing acuity pool.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Provides two inservices for year for the UND's on pertinent administrative issues.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #2**

**ADMINISTRATIVE STAFF:** Active member of the Administrative Staff, Executive Staff and Discipline Director.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Implements appropriate corrective and disciplinary actions.
2. Implements measures to decrease inappropriate use of sick time within discipline.
3. Implements centralized, computerized staffing which will more equitably distribute staff among units and shifts.
4. Works with the discipline and units to increase the direct therapeutic involvement of RN's with patients, also making time in staff meetings less time consuming and more effective.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Provides monthly reports to the UND's on individual staff who display sick time patterns.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #3**

**QUALITY IMPROVEMENT:** Responsible for nursing quality improvement.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Demonstrates competence in maintaining the nursing quality assurance plan by:  
Conducting nursing UND/QI Meeting.

Writing and implementing nursing standards of care and monitoring and evaluating techniques

Helping the entire nursing service grasp the vision of how to provide excellent patient care.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Attends or completes CEU credit on Quality Improvement Processes in Nursing.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #4**

**CLINICAL SKILLS:** Maintains clinical nursing skills.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Maintains clinical nursing skills as demonstrated by:
  - Is active in professional organizations
  - Conducts lectures/discussion groups with nursing students
  - Coordinates patient care concerns with other disciplines
  - Coordinating with HR in maintaining RN licenses

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Demonstrates exceptional nursing skills by innovative planning to improve psychosocial nursing interventions of the nursing staff through coordinating nursing educational opportunities with the entire Nursing Administrative staff.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

10/00; 8/01

## **Chapter 6**

# **Personnel Management & Nursing Administration**

### **I. JOB SUMMARY**

The Nurse Executive functions in an administrative psychiatric nursing role. He is responsible for ensuring the quality of nursing care throughout the hospital focusing in on the bio-psycho-social-spiritual- environmental needs of the Utah State Hospital patient. The Nurse Executive is directly responsible to the Hospital Clinical Director. The Nurse Executive is the direct supervisor for the Nurse Administrator, the Nursing Education Director. He is directly responsible for overall nursing administration and for direction and supervision of all nursing service functions and activities (internal and external). He is also responsible for overall administration of medical ancillary services and personnel. The Nurse Executive interprets hospital, medical ancillary, and nursing policies, standards and regulations to personnel, patients, medical staff, and the public.

### **II. JOB RELATIONSHIPS/CONTACTS**

The Nurse Executive is responsible for the overall nursing functioning of the hospital for all shifts. The Nurse Executive directly supervises the Nurse Administrator, the Nursing Education Director. The Hospital Clinical Director is the immediate supervisor for this position.

### **III. JOB RESPONSIBILITIES**

The Nurse Executive performs the following job duties:

- A. Supervision and Management
  - 1. Provides supervision for the Nurse Administrator, the Nursing Education Director. Completes performance appraisals plans for these individuals.
  - 2. Organizes, plans, and directs nursing functions and activities to comply with hospital philosophy, objectives and policies established by administration and governing authority and with federal, state, and local codes and regulations pertaining to nursing.
  - 3. As a member of the Executive Staff, assists in developing hospital philosophy, policy, and standards. Is an integral member of the Executive Staff in setting budgetary issues and in making administrative decisions for the hospital.
  - 4. Assigns specific duties to the Nurse Administrator, the Assistant Nursing Administrator, and the Education Director.
  - 5. Problem solves in crisis situations at work.
  - 6. Counsels employees as needed: develops, implements and evaluates corrective actions plans and disciplinary actions.
  - 7. Responsible for daily and bi-weekly accuracy of time records and payroll data sheets of supervised personnel.

8. Counsels supervisory personnel in administrative duties which includes hiring practices, corrective action plans, and disciplinary actions.
9. Directly involved in the resignation and/or termination process of discipline members.
10. Determines staffing requirements, establishes staffing patterns, and develops and oversees the patient acuity system.

B. Miscellaneous

1. Attends and/or conducts inservices and training programs designed to increase professional knowledge and growth.
2. Conducts regular Nursing Administration meetings.
3. Attends administrative meetings as scheduled i.e. Executive Staff meeting, Administrative Services meeting, Nurse Administrator meeting.
4. Member of hospital-wide nursing discipline; attends meetings.
5. Member of assigned hospital-wide committee as a representative of nursing.
6. Assumes responsibility for the nursing discipline's quality improvement plan.
7. Assumes responsibility for development of job descriptions and performance plans of discipline members. Consults with Human Resources in development of job descriptions and performance plans.
8. Develops, with assistance from key professional personnel, the philosophy of the nursing discipline and the objectives, rules and regulations, and policies and procedures necessary to maintain quality nursing care.
9. Coordinates research efforts of discipline members.

IV. KNOWLEDGE AND TRAINING REQUIRED

Registered Nurse:

1. Licensure as a registered nurse in the State of Utah.
2. Graduation from an approved school of nursing conforming to the standards of the State of Utah.
3. Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.)
4. Previous experience in a psychiatric setting is preferred.
5. BSN required OR extensive experience as a registered nurse with supervisory responsibilities. MSN preferred with a high level of training and experience.
6. Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management,

research methods in the evaluation of statistical data.

The Nurse Executive is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Nurse Executive is expected at all times to behave in an appropriate, professional manner with patients and staff. 10-84;4-94; 5/98; 10/00 nursexec.pol

## **Chapter 6**

# **Personnel Management & Nursing Administration**

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### **I. JOB SUMMARY**

The Assistant Nurse Administrator functions in an administrative psychiatric nursing role. He/She is responsible for assisting the Nurse Administrator to ensure the quality of nursing care throughout the hospital focusing in on the bio-psycho-social-spiritual -environmental needs of the Utah State Hospital patient. The Assistant Nurse Administrator is directly responsible to the Nurse Administrator. The Assistant Nurse Administrator is the direct supervisor for the SSRN's, the Pool RN's, Central Supply, X-ray, and the Clinics Manager.

### **II. JOB RELATIONSHIPS/CONTACTS**

The Assistant Nurse Administrator is responsible to assist the Nurse Administrator in the overall nursing functioning of the hospital for all shifts. The Nurse Administrator is the immediate supervisor for this position.

### **III. JOB RESPONSIBILITIES**

The Assistant Nurse Administrator performs the following job duties:

#### **A. Supervision and Management**

1. Provides supervision to the SSRN's, the Pool RN's, Central Supply, X-ray, and the Clinics Manager. Completes performance appraisals plans for these individuals.
2. Assists in the scheduling and coordination of 24 hour coverage seven days a week for nursing staff.
3. Assigns specific duties to the SSRN's, the Pool RN's, Central Supply, X-ray, and the Clinics Manager.
4. Problem solves in crisis situations at work.
5. Assists in Interviewing and hiring nursing personnel for the hospital.
6. Assists in counseling employees as needed: develops, implements and evaluates corrective actions plans and disciplinary actions.
7. Responsible for daily and bi-weekly accuracy of time records and payroll data sheets for the personnel supervised.

#### **B. Miscellaneous**

1. Attends and/or conducts inservices and training programs designed to increase professional knowledge and growth.
2. Conducts regular SSRN meetings.
3. Attends administrative meetings as scheduled i.e. Nurse Administrator meeting, Medical Ancillary Services Meeting, UND meetings.
4. Member of hospital-wide nursing discipline; attends meetings.
5. Member of assigned hospital-wide committee as a representative of nursing--Infection Control Committee, Environment of Care

Committee.

6. Develops and writes policy and procedures for nursing, under the direction of the Nurse Executive and Nurse Administrator.

#### IV. KNOWLEDGE AND TRAINING REQUIRED

Registered Nurse:

1. Licensure as a registered nurse in the State of Utah.
2. Graduation from an approved school of nursing conforming to the standards of the State of Utah.
3. Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.)
4. Previous experience in a psychiatric setting is preferred.
5. BSN required OR extensive experience as a registered nurse with supervisory responsibilities.
6. Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The Assistant Nurse Administrator is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Assistant Nurse Administrator is expected at all times to behave in an appropriate, professional manner with patients and staff.

9/98; 10/00 anajd.pol

\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### OBJECTIVE #1

The Assistant Nurse Administrator is responsible for the direct supervision of Radiology, Clinics and Central Supply, SSRN's, Pool Psych Techs and Benefitted Pool RN's. The ANA does performance evaluations and coordinates these areas, including writing policy and procedures, staffing needs, budget and acts as a liaison between administrative staff and other management disciplines.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Supervises Radiology, Clinics and Central Supply; SSRN's, Pool Psych Techs, and Benefitted Pool RN's and conducts their performance plans at least annually.
2. Manages and conducts interviews and hiring for all pool psych techs.
3. Supervises and manages the HV pool for hospital acuity needs.
4. Manages budget, resolves issues and coordinates information for Radiology, Clinics and Central Supply.

5. Assists in nursing recruitment with the Nurse Administrator in her absence.

6. Acts as the Nurse Administrator in her absence.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Manages the HV pool with the Staffing Coordinators to cover the vacation and FMLA needs each month

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #2**

The Assistant Nurse Administrator is responsible to assist in establishing nursing policies and procedures.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Is responsible for writing policies and procedures and assists with implementation and administration of policies and procedures to assure standards are met.

2. Reviews policies and procedures at least biannually.

3. Works closely with other members of the nursing team in planning service functions and activities, maintaining department philosophy, problem solving and institution of new standards.

4. Assists in coordination of patient classification system, assign nursing personnel as required for patient acuity.

5. Participates in actual patient care as needed. May fill in as staff RN or shift supervisor during shortages.

6. Performs other duties as assigned by the Nurse Executive or Nurse Administrator.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Writes new policies and procedures within 1 week of receiving the direction to create them.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #3**

The Assistant Nurse Administrator attends committee and meetings as directed by the Nurse Administrator.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Participates in committees as assigned.

2. Meets with Nursing Administration weekly.

3. Attends morning meeting and gives report at morning meeting when the Nurse Administrator is not present.

4. Conducts monthly SSRN meetings.

5. Attends Environment of Care meeting monthly.

6. Attends Infection Control meeting monthly and reports concerns to the Director of Risk Management.

7. Attends meetings/in-services and makes decisions concerning Medical equipment for the hospital.
8. Attends and participates in Clinical Safety meeting every week.
9. Works closely with Purchasing officer in buying equipment for the hospital that meets budget and professional standards clinically.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Report information from UND, AD, and Nursing Administration Meetings to the SSRN's.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #4**

The ANA maintains clinical nursing skills.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Is active in professional organizations
2. Conducts lectures/discussion groups with nursing students.
3. Orients/trains new pool Psych Techs to the protocol of their position, schedules and procedures.
4. Orients/trains new RN's for IV care.
5. Coordinates training for UND's, SSRN's and Nursing Administration in current medical trends.
6. Supervises training to direct care staff through the UND's, SSRN's and Nursing Administration.
7. Acts as the Infection Control nurse in her absence.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Coordinates training autonomously and reports outcome to Nurse Administrator in a timely manner and as training needs occur.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their

agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

10/00; 8/01; 06/03

## **Chapter 6**

# **Personnel Management & Nursing Administration**

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### **I. JOB SUMMARY**

The CNS functions in a clinical psychiatric nursing role. He/She works within a treatment-team context to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health. The CNS is also responsible to assist in education of nursing discipline employees, individually and in groups. The CNS is directly responsible to the Nurse Executive.

### **II. JOB RELATIONSHIPS/CONTACTS**

The CNS functions in a clinical psychiatric nursing role. He/She works within a treatment-team context to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health. The CNS is also responsible to assist in education of nursing discipline employees, individually and in groups. The Nurse Executive is the immediate supervisor for this position.

### **III. JOB RESPONSIBILITIES**

The CNS performs the following job duties:

#### **A. Clinical Nurse Specialist**

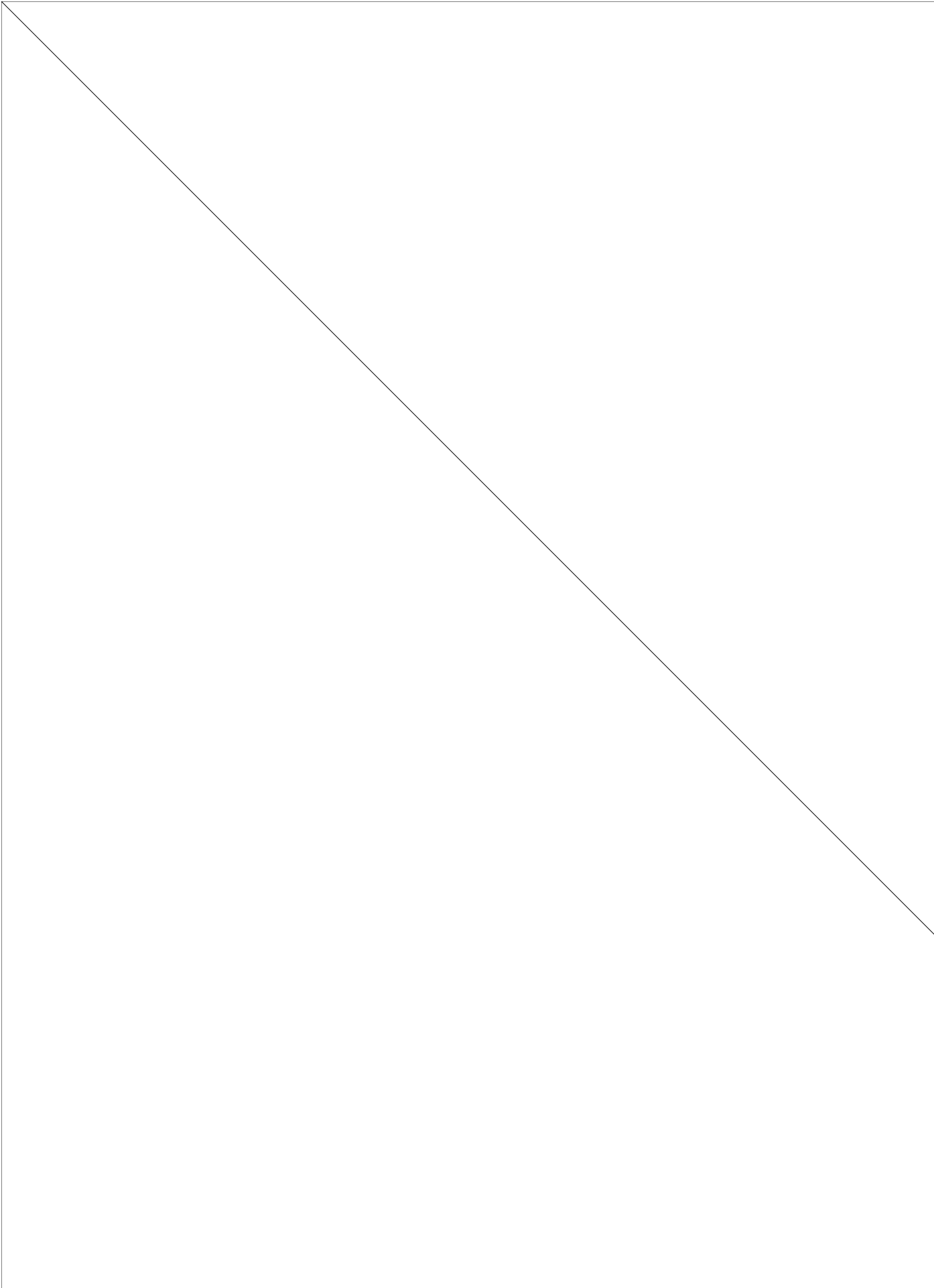
1. Assess, plans and prioritizes nursing care for patients with psychiatric problems; coordinates patient care on various patient care units; evaluates care given to psychiatric patients by the multi-disciplinary team.
2. Provides consultative services to the interdisciplinary team concerning patient care; reviews prescribed patient treatment programs and provides specific feedback to professional staff regarding treatment alternatives; consults with the interdisciplinary team on patient teaching and discharge planning.
3. Initiates nursing actions in crisis/emergency situations; applies nursing research findings to patient care.
4. Is the nursing leader in developing curriculum for patient groups and in conducting patient groups.
5. Develops, supervises and teaches patient--consumer education groups.
6. Researches professional journals and other information to keep current with new and evolving nursing techniques and methods; relays research findings and innovative strategies to nursing and administrative staff.
7. Functions as a leader, problem solver, and resource person for nursing personnel.

8. Develops, implements and evaluates patient care standards in conjunction with nursing administration.
  - B. Hospital Education
    1. Identifies and recommends actions to resolve training needs of nursing staff.
    2. Trains staff in new nursing methods, verbal interventions, and therapeutic treatment of patients.
    3. Assists Nurse Educators in training staff members.
    4. Develops curricula for education of the various levels of staff at the hospital.
    5. Interfaces with Utah Nurses' Association in developing and providing Continuing Education offerings for nursing personnel.
    6. Works closely with nursing students to assure an excellent education for the nursing students.
    7. Interfaces with all other hospital disciplines to assess the educational needs of the various disciplines and to provide pertinent education to all disciplines.
    8. Consults with outside providers to arrange educational offerings at the hospital.
    9. Develops, supervises and teaches psychopathology and psychopharmacology to nursing staff.
    10. Trains nursing staff in development of individual comprehensive treatment plans.
  - C. Miscellaneous
    1. Attends and/or conducts inservices and training programs designed to increase professional knowledge and growth.
    2. Attends administrative meetings as scheduled i.e. Nurse Administrator meeting, UND meetings, Morning meetings, Incident Committee meetings.
    3. Member of hospital-wide nursing discipline; attends meetings.
    4. Member of assigned hospital-wide committee as a representative of nursing.
    5. Member of Behavioral Management Team.
- IV. KNOWLEDGE AND TRAINING REQUIRED
- Registered Nurse:
1. Licensure as a registered nurse in the State of Utah.
  2. Graduation from an approved school of nursing conforming to the standards of the State of Utah.
  3. Advanced practice degree in psychosocial nursing (MSN degree).
  4. Previous experience in a psychiatric setting is preferred.
  5. Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management,

research methods in the evaluation of statistical data.

The CNS is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The CNS is expected at all times to behave in an appropriate, professional manner with patients and staff.

9/98; 10/00 cnsedjd.pol



\_\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### OBJECTIVE #1

The Clinical Nurse Specialist is responsible for consultation and education of nursing personnel and other disciplines or on as need basis.

##### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The CNS provides consultation and education in regards to patient care, i.e., ICTP process, BIRP charting, psychopathology.
2. The CNS provides consultation and education to other disciplines as needed or requested.

Overall Rating:      S=Successful  
                                    U=Unsuccessful

#### OBJECTIVE #2

The Clinical Nurse Special is responsible for participating in educational programs and committees.

##### STANDARD FOR SUCCESSFUL PERFORMANCE:

1. The CNS participates in educational programs in conjunction with schools of nursing.
2. The CNS clinically supervises graduate nursing students with the care of psychiatric patients.
3. The CNS participates in the following committees: Behavioral Management Team, Clinical Services, Ethics; JCAHO committee on; Ethics/Patient Rights, Nursing, Patient/Family Education. The CNS will also participate in the Preferred Practice Guideline Committee and Hospital Wide Family Education Committee.
4. The CNS participates, organizes and leads other committees as assigned by the Nurse Executive.

Overall Rating:      S=Successful  
                                    U= Unsuccessful

#### OBJECTIVE #3

The Clinical Nurse Specialist is responsible for the group process and groups.

##### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The CNS is responsible for assisting in the education of staff in the group process.
2. The CNS is responsible for holding patient groups which will include Anger Management and Patient/Family Education, or other groups as appropriate to the needs of the patients.

Overall Rating:      S=Successful  
                                    U= Unsuccessful

#### OBJECTIVE #4

The Clinical Nurse Specialist is an active member of the Nursing Discipline Team.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The CNS is responsible for supporting the philosophy and practice standards of the Department of Nursing Services through written and verbal expression.
2. The CNS participates in the development of psychiatric nursing standards and the maintenance of collaborative relationships with the Unit Nursing Director's.
3. The CNS informs the Nurse Executive or Nursing Administrator of activities, programs, personnel accomplishments, concerns and problems.
4. The CNS seeks assistance from the Nurse Executive or Nursing Administrator as necessary to resolve clinical and/or management problems.

Interim Comments: Record the employee progress in achieving objectives between reviews. The employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

#### Employee Comments (Overall Evaluation)

This area is for the employee regarding their agreement or disagreement with the overall evaluation.

10/00

## **Chapter 6**

### **Personnel Management & Nursing Administration**

#### I. JOB SUMMARY

The Infection Control Coordinator is responsible for the Infection Control Program and for the Employee Health Program of the hospital. The Infection Control Coordinator is directly responsible to the Nurse Administrator.

#### II. JOB RELATIONSHIPS/CONTACTS

The Infection Control Coordinator is responsible for the Infection control Program of the hospital. The Nurse Administrator is the immediate supervisor for this position.

#### III. JOB RESPONSIBILITIES

The Infection Control Coordinator performs the following job duties:

A. Infection Control Responsibilities

1. Implements hospital-wide infection control program.
2. Supervises infection control policies and practices throughout the hospital.
3. Identifies and analyzes infection control needs through out the hospital.
4. Develops infection control policies and procedures based upon the needs of the hospital, OSHA and CDC standards, and laws and regulations specific to infection control.
5. Provides consultation to all patient care units and support services areas of the hospital.
6. Monitors all patient care areas and service areas for infection control compliance and needs.
7. Collects data and formulates an infection control report monthly.
8. Conducts inservices and training programs on infection control issues.
9. Consults directly on patients who have infection control issues.
10. Reports any infection control concerns directly to the Director of Medical Services.
11. Reports communicable diseases to the Utah County Health Department.

B. Employee Health

1. Manages the employee health program which includes providing immunizations to employees and maintaining employee health records.
2. Presents information on Infection Control and Employee Health Programs in New Employee orientation.
3. Completes employee health screens on new employees and as indicated by hospital policy.
4. Monitors employee immunizations and PPD's and maintains employee health records.

C. Miscellaneous

1. Attends and/or conducts inservices and training programs designed to increase professional knowledge and growth.
2. Manages the regular Infection Control Committee meetings.
3. Attends administrative meetings as scheduled i.e. UND meeting.
4. Member of hospital-wide nursing discipline; attends meetings.
5. Member of assigned hospital-wide committee as a representative of nursing-Environment of Care Committee, Life Safety Committee.
6. Interfaces directly with community agencies concerning infectious diseases and infection control issues i.e. Utah Department of Health, Utah County Health Department
7. Develops and writes policy and procedures for infection control, under the direction of the Infection Control Committee.

IV. KNOWLEDGE AND TRAINING REQUIRED

Registered Nurse:

1. Licensure as a registered nurse in the State of Utah.
2. Graduation from an approved school of nursing conforming to the standards of the State of Utah.
3. Previous experience in a psychiatric setting is preferred.
4. BSN required OR extensive experience as a registered nurse. Specialized training in infection control highly recommended.
5. Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data, and infection control issues.

The Infection Control Coordinator is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Infection Control Coordinator is expected at all times to behave in an appropriate, professional manner with patients and staff.

10-84;4-94; 9/98; 10/00 infconjdjd.pol

\_\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### **OBJECTIVE #1**

The Infection Control Nurse is responsible for a hospital-wide infection control program.

#### **STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Is an active member of the hospital-wide Infection Control Committee.
2. Writes policies and procedures for infection control practices at USH.
3. Maintains and implements a hospital-wide infection control program.
4. Follows up with employee immunizations after the initial immunizations have been given in New Employee Orientation.
5. Provides consultation on infection control to any area in the hospital when contacted.
6. Collects and prepares data to present monthly to the Infection Control Committee.
7. Teaches mandatory and annual inservices on infection control for the hospital.
8. Works with specific patients with special infectious problems to teach nursing staff the necessary care and precautions.
9. Provides patient teaching pertaining to infection control issues when contacted to do so.
10. Reviews Infection Control policies annually.
11. Provides updated infection control inservices annually.

#### **STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Writes an article on Infection Control issues for the hospital newsletter

- yearly.
2. Enters patient immunizations and pertinent labs and employee immunizations and pertinent labs into e-chart 100% of the time.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #2

The ICRN is responsible for maintaining OSHA regulations regarding Infection Control.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Oversee USH compliance with all infection control OSHA regulations.
2. Develops indicators for monitoring infection control areas of the hospital.
3. Is actively involved in infection control surveillance of individual areas of the hospital
4. Is skilled in the nursing care of patients with infectious diseases.
5. Has a basic knowledge of epidemiology, microbiology and the infection process.
6. Prepares Quality Improvement and Infection Control Reports that are complete and timely.
7. Researches ways to improve the Infection-Control program at USH.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Reviews and revises the hospital Exposure Control Plan at least yearly.
2. Develops new policies and procedures to maintain compliance with OSHA requirements.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #3

The ICRN is an active member of the USH nursing discipline and maintains clinical skills.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Works well with others and is able to influence change in a positive manner.
2. Has a basic knowledge of teaching methods.
3. Handles criticism positively and uses it to improve skills.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Completes assigned peer review of patient records.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does

performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

10/00;8/01; 06/03

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **I. JOB SUMMARY**

The staff registered nurse, (RN), functions as a member of the unit professional staff within a treatment team context to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health. The RN assumes responsibility for the interpretation and implementation of a physician's orders for treatments, care, and medication, while participating in the overall programming for each individual patient. The staff RN is responsible for supervising Licensed Practical Nurses, (LPN's), psychiatric technicians, mentors, and environmentalists on the same shift and works directly under the supervision of the Unit Nursing Director of the unit.

#### **II. JOB RELATIONSHIPS/CONTACTS**

The staff RN is responsible for the overall functioning of the unit for that shift; he/she is the clinical supervisor for all psych techs, mentors, and LPN's on that same shift. The UND on the unit is the RN's immediate supervisor.

#### **III. JOB RESPONSIBILITIES**

The RN performs the following job duties:

##### **A. Supervision and Management**

1. Provides clinical supervision to LPN's, psych techs, mentors, environmentalists, and on the same shift. Assists in evaluating assigned LPN's and psych techs with performance appraisals and developing performance plans for individuals.
2. Makes administrative decisions regarding patient care and personnel on afternoons, nights, and weekend shifts and/or contacts appropriate on-call personnel.

##### **B. Clinical Skills**

1. Supervises and/or administers medications and treatments.
2. Assesses medication needs of patients; assists with monthly medication review relative to patient response and reaction to

neuroleptics with recommendations to attending physician.

3. Performs admission procedures and evaluates new patients making comprehensive observations; identifies patient health needs; obtains nursing history; develops and implements patient-care plans; records and reports indicative signs and symptoms of patient mental and physical conditions with emphasis on deviation from usual condition and behavior; completes standard admission nursing assessment on all patients admitted while on that shift.
  4. Conducts nursing groups or co-leads patient groups on the unit.
- C. Member of Unit Treatment Team
1. Supervises patient milieu and prescribes nursing care.
  2. Has the responsibility to evaluate patient health status for attending any therapeutic activities.
  3. Directs change-of-shift meetings and participates appropriately with input.
  4. Assumes an active role in unit quality assurance program.

D. Documentation

1. Responsible to oversee all charting on patients on each shift.
2. Responsible for admission nursing assessments and for the nursing section of the ICTP on assigned patients.
3. Responsible for charting on patients needing seclusion and restraints, PRN medication interventions, patients with major medical problems, and to chart on assigned patients on a weekly or monthly basis including a complete nursing assessment of each patient.
4. Writes telephone orders; notes physician/nurse practitioner orders; evaluates the need for on-call psychiatric and medical services; responsible for correctness of telephone orders received from MD's and RNP's; responsible for correct execution of orders.

E. Miscellaneous

1. Attends and/or conducts inservices and training programs designed to increase professional knowledge and growth.
2. Attends unit nursing meetings.
3. Works shifts and performs duties as assigned.
4. Member of hospital-wide nursing discipline; attends meetings.
5. Member of assigned hospital-wide committee as a representative of nursing.

F. "The registered nurse is held accountable for the quality and quantity of nursing care given to \_\_\_\_\_ patients rendered by self or others who are under his or her supervision."

IV. KNOWLEDGE AND TRAINING REQUIRED

Registered Nurse:

1. Registration as a registered nurse in the State of Utah.
2. Graduation from an approved school of nursing conforming to the standards of the State of \_\_\_\_\_ Utah.

The RN is required to follow the personnel standards and policies as set forth in

the USHOPP Manual. The RN is expected at all times to behave in an appropriate, professional manner with patients and staff  
10-84;4-94; 5/98; 10/00 rnjd.pol

\_\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### OBJECTIVE #1

The Staff RN is responsible for optimum patient care, which includes clinical supervision and management of unit nursing personnel. Clinical supervision of psych techs, environmentalists, and LPNs assigned to the shift. Responsible for administrative decisions regarding patient care, delegation of assignments, patients assessments, and coordination of care with team members. Responsible to give input to the UND, regarding all nursing personnel.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Assigns patient care per shift based upon patient condition and staff expertise.
2. Responsible for giving Change of Shift report.
3. Gives written feedback to UND on personnel who need improvement in their performance.
4. Responsible to initiate appropriate time out, seclusion or restraint and to ensure that it is carried out following hospital standards.
5. Completes a debriefing with nursing staff before the end of a shift after each seclusion/restraints or significant event.
6. Responsible to meet with the treatment team to plan each patient's care while in the hospital and also to provide input for discharge planning.
7. Evaluates individual patient's abilities or health status for specified recreational activities.
8. Reports and documents inappropriate behavior of unit nursing personnel including, but not limited to, abuse of patients or staff, inappropriate dress or language, violation of policy, excessive absenteeism/tardiness, and competency concerns.
9. Participates in the hiring of unit nursing personnel.
10. Reports incidences of staff excellence in job performance.
11. Gives written feedback to UND on personnel who improvement.
12. Ensures that all watches (i.e. A.R., DOS, and 1:1's) are done according to policy.
13. Does not participate in gossip or negativism regarding peers or other shifts.
14. Interacts with patients and provides a supportive therapeutic environment.
15. Role model behavior that is professional and appropriate (as outlined in

the Code of Conduct).

16. Reports to assigned unit for hospital wide acuity needs in a positive and timely manner.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Completes quarterly evaluations on Psych Techs and LPN's assigned by the UND. Participates in performance plans and evaluations of nursing staff.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #2**

The staff RN is responsible for documentation in an accurate and timely manner.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Responsible for assessing each of their assigned patients weekly following policy time frame and documenting assessments.

2. Furnishes a minimum of daily documentation on patients with major medical problems as well as other patients who are considered high acuity due to psychiatric behaviors on that shift.

3. Responsible that the narcotics count at the beginning and end of each shift is completed.

4. Completes the nursing portion of the integrated assessment on each new patient within eight hours of admission (on the same shift).

5. Utilizes the nursing process in developing ICTP's and identifies objectives and modalities that are measurable and objective.

6. Provides documentation on discharge and transfers and provides appropriate information to the receiving agencies.

7. Ensures that the Actual Staffing Sheet is accurately completed each shift (i.e. tardies, leaving work early, absences and all of the staff working each shift).

8. Completes a progress note including a patient assessment on the patient when telephone orders are written by the RN.

9. Completely fills out assignment sheets and watches every shift.

10. Ensures that reports are done in an accurate and timely manner (i.e. Physician Orders, Acuity Reports, Actual Staffing, etc.)

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Completes the Peer Review form on patient records and gives to UND for QI and Performance issues: Day Shift RN's complete 1 per month; Night shift RN's complete 2/month.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #3**

The staff RN is responsible to lead at least one patient or family education group.

The staff RN is responsible to identify patient learning needs and address those needs through individual teaching or through coordination with the treatment team members.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Performs at least one patient educational group per week consistently as it relates to the specific population.
2. Documents group notes, including patient's progress, in a timely manner.
3. Teaches patients on an individual basis when an area of need is identified and documents teaching.
4. Communicates with team members of identified teaching needs.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Organizes and consistently runs 2 or more educational groups per week for more than 6 months or organizes and runs an educational activity for patients every quarter.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #4**

The staff RN is responsible to ensure that the environment is safe for patients and staff.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Ensures crash cart/glucometer checks are completed.
2. Ensures fridge checks are in compliance.
3. Monitors for outdated medications and supplies, and ensures proper equipment is available.
4. Ensures that the safety and security of the unit is maintained by following unit and hospital policies.
5. Ensures that Psych Techs are assigned and follow through on all cleaning assignments including the unit kitchen and bathrooms during the hours that housekeepers are not on the unit.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Organizes and conducts a unit mock drill for fire, Code 10, and Code Blue during the year. Review policies and procedures with staff and patients during the drill. Complete documentation for Risk Management.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #5**

The staff RN maintains clinical skills and professional responsibilities.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Attends Change of Shift, staff meetings and clinicals on assigned shifts.
2. Completes mandatory inservices and one nursing skill workshop per year.
3. Reports to work in a timely manner. Complies with the

Absenteeism/Tardy Policy and Vacation Request Policy.

4. Maintains current licensure with the State of Utah.
5. Exhibits an open, respectful communication with supervisors and peers (as outlined in the Code of Conduct).
6. Participates in orienting of other unit or pool personnel.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Maintains RN,C Psychiatric and Mental Health Nursing certification  
AND/OR  
Contracts with UND to conduct at least one unit inservice quarterly.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

10/00; 8/01; 05/03; 06/03

**COMPETENCY/ORIENTATION VERIFICATION FORM**

**REGISTERED NURSE**

Name \_\_\_\_\_ Date of

Hire: \_\_\_\_\_

Employee Number \_\_\_\_\_ Unit:

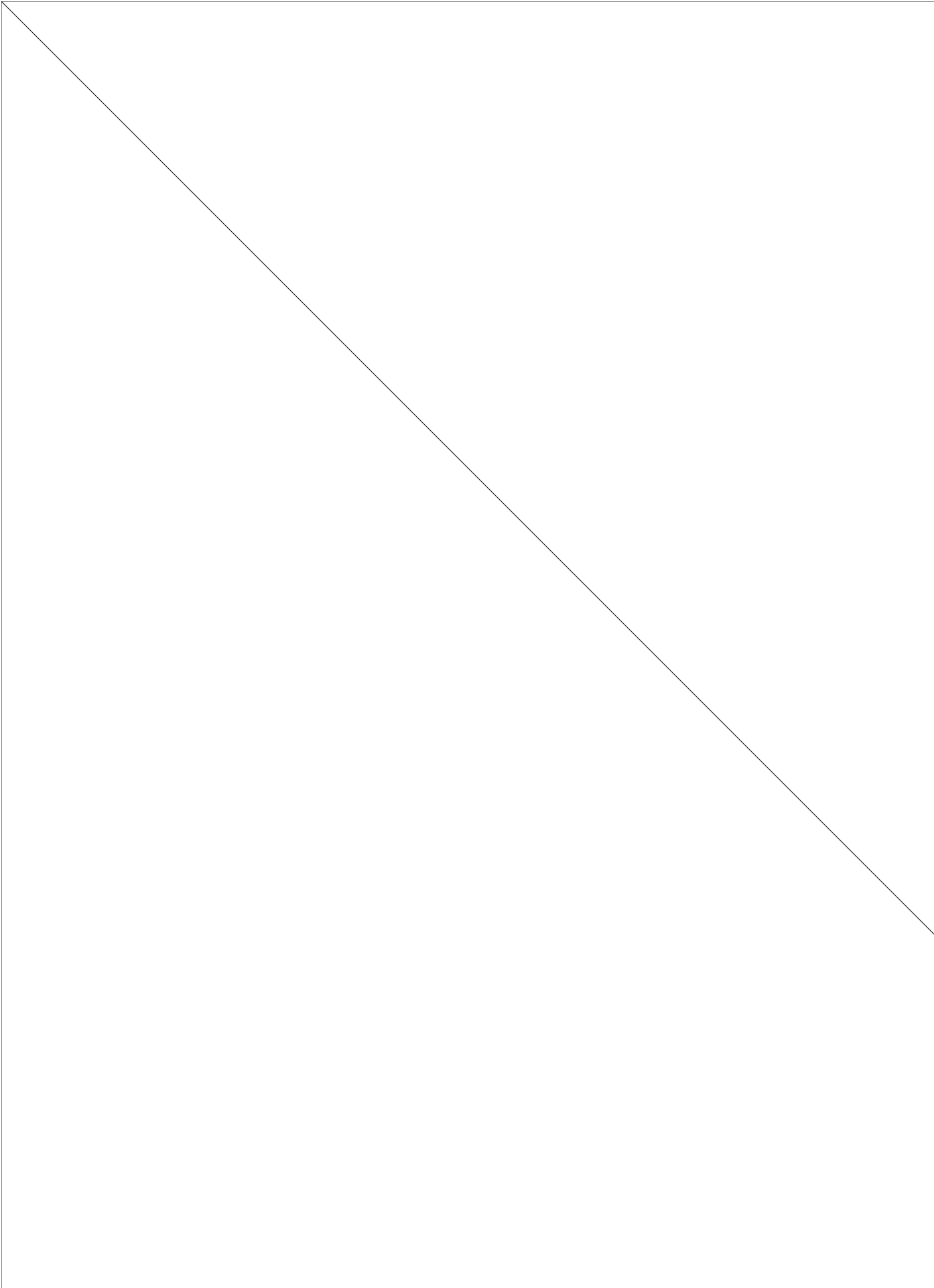
**INSTRUCTIONS:** All new Registered Nurses are required to complete the courses and pass-off the required skills/exams listed below. Courses can be waived at the discretion of the instructor, the Nursing Administrator, or the Unit Nursing Director. Exams are non-negotiable and must be completed in order to

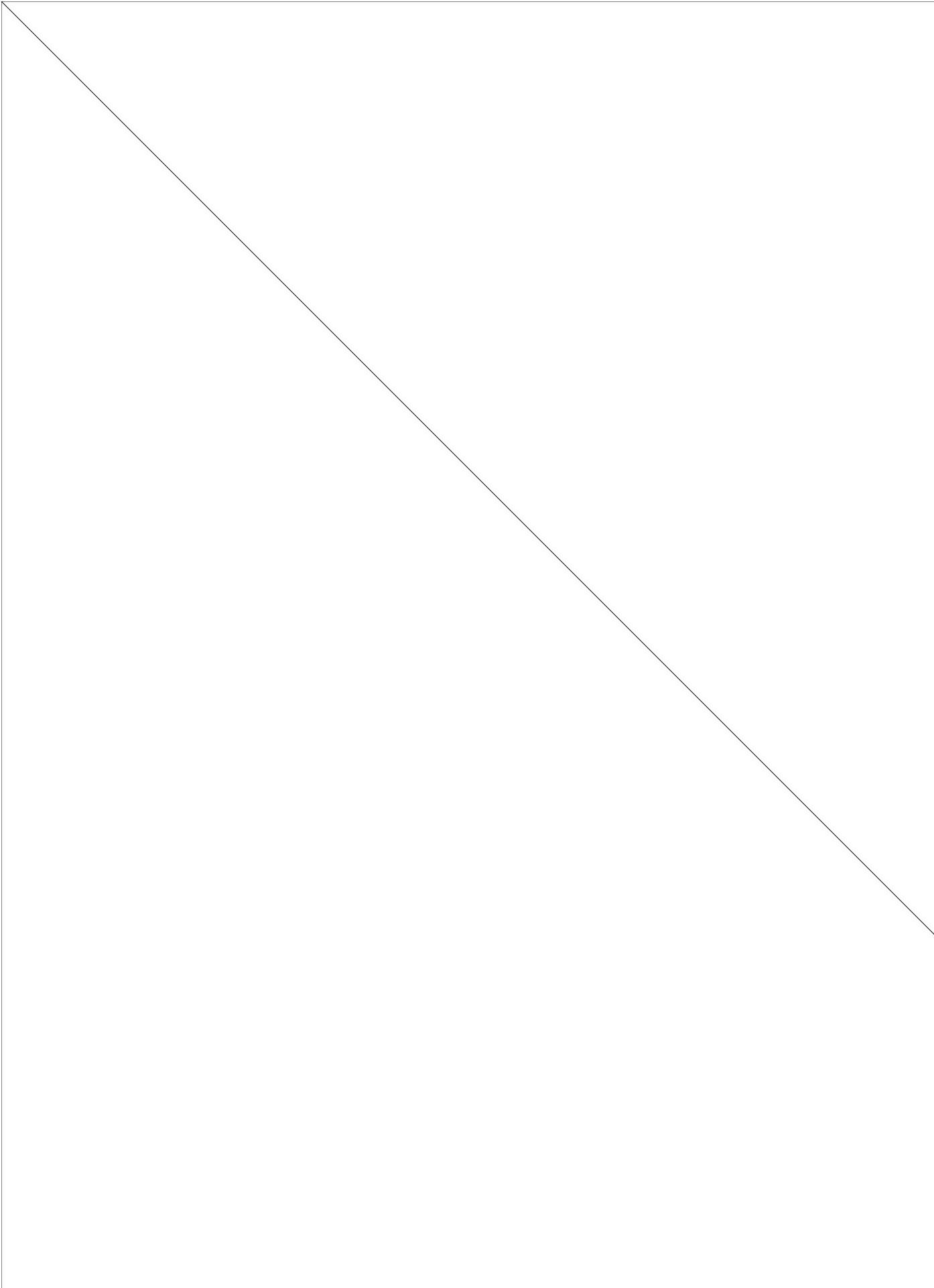
demonstrate competency.

Orientation needs to be completed within 30 days of being hired.

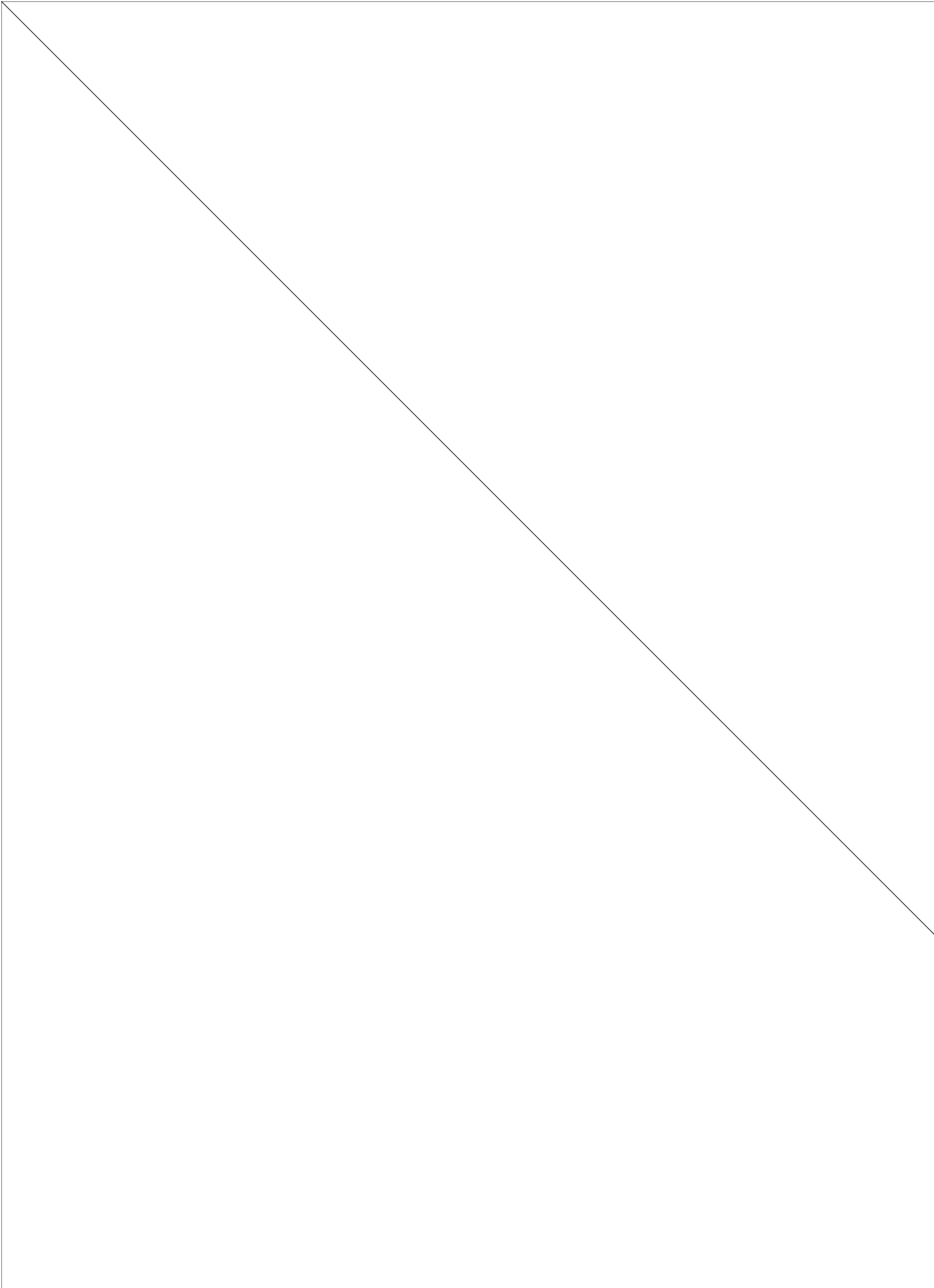
1. USING THE NURSING POLICY AND PROCEDURE MANUAL  
Completes exercise.
2. DOCUMENTATION REQUIREMENTS
  - A. Admission
  - B. Medications/MAR/Reorders
  - C. Weekly Progress Notes
  - D. Monthly Progress Note
  - E. Patient Teaching/Group Notes
  - F. Emergency Transfer Form
  - G. Noting Physician Orders
3. MEDICATION EXAM  
Completes open book medication exam at 90%.  
Medication exam must be completed and passed prior to administering medications.
4. ICTP TRAINING
5. NURSING SKILLS      USE AND CARE OF EQUIPMENT
  - A. SureTemp Thermometer
  - B. Saturation Monitor
  - C. Oxygen Tanks and Concentrators
  - D. Maxilift
  - E. Suction Machine
  - F. Nasogastric Tubes
  - G. Precision G Glucometer
  - H. IV Therapy: Theory
  - I. IV Start on manikin or peer
  - J. Sigma IV Pump
6. STAFFING BY ACUITY
7. ELECTRONIC CHARTING
  - A. GroupWise (E-mail)
  - B. USH Manuals
  - C. Netscape (Internet)
  - D. Incident Reports (PIRS)
  - E. E-Chart
8. PATIENT CARE NEEDS
  - A. ECT Procedures and Recovery
  - B. Internal/Outside Consultation Forms
  - C. Ordering EEGs/EKGs/Radiology
  - D. Central Supply/Pharmacy
  - E. Calling Psychiatrist/Medical Doctor

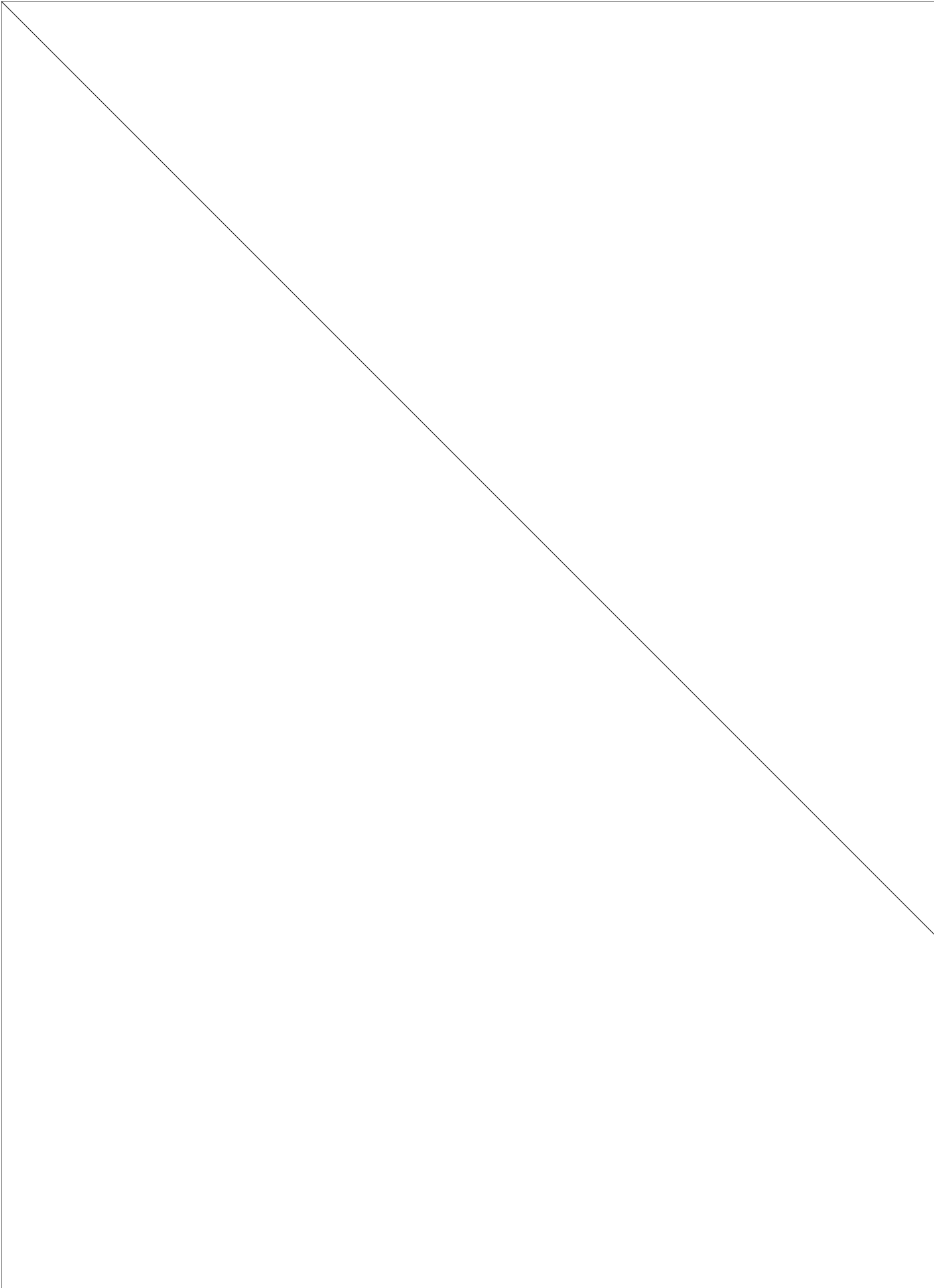
When the RN is oriented on the unit the following is completed:

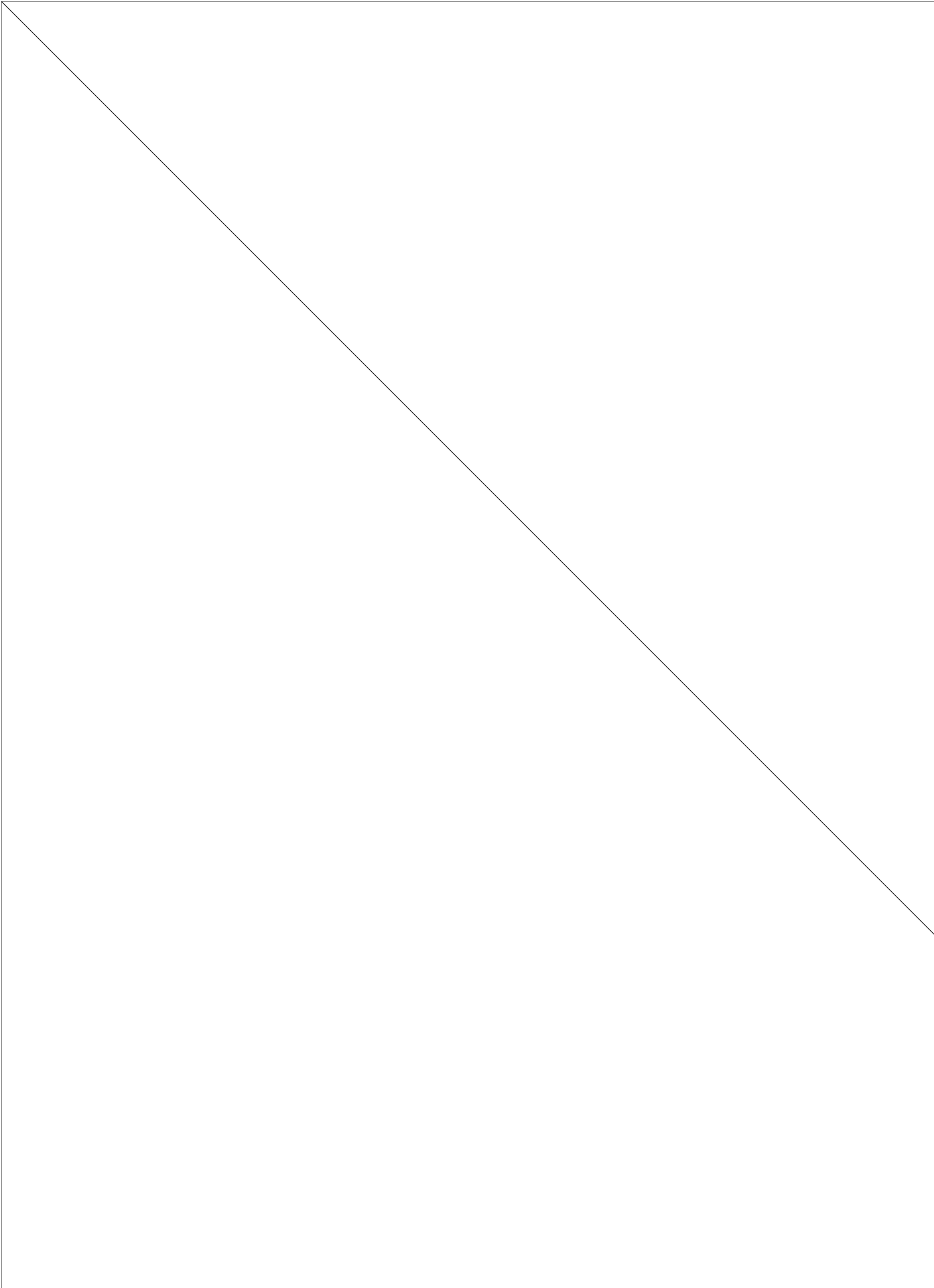


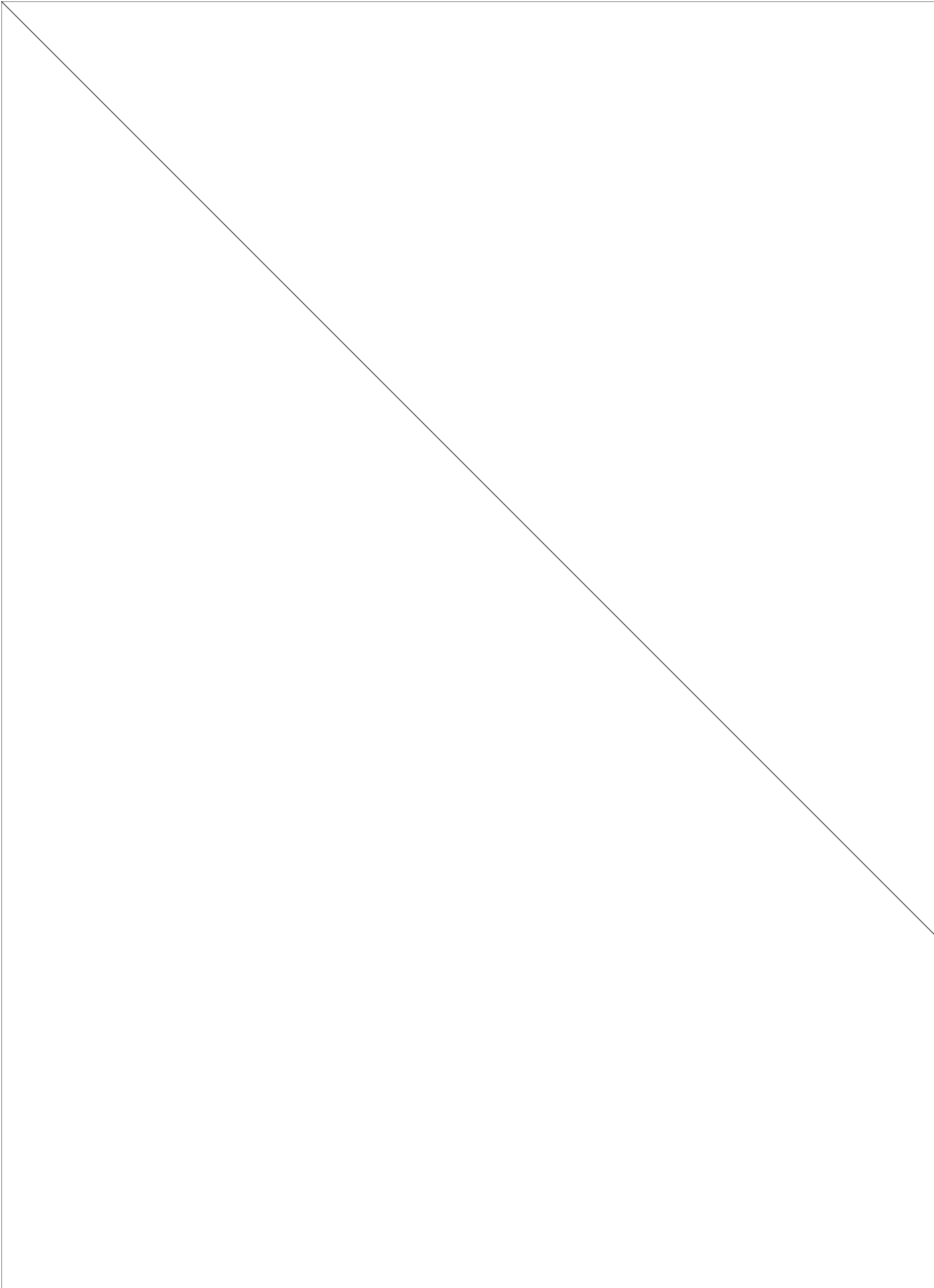


After the RN has been on the unit for 2 months the following is completed:









updated 11/01

## **Chapter 6**

# **Personnel Management & Nursing Administration**

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### **I. JOB SUMMARY**

The Staffing Coordinator is a member of the Nursing Discipline of Utah State Hospital. The primary function is to perform duties, i.e., scheduling staff, assigning acuity personnel, answering phones, etc. as assigned by the Nurse Administrator.

### **II. JOB RESPONSIBILITIES**

The Staffing Coordinator is immediately responsible to the Nurse Administrator. The Nurse Administrator is responsible for completing the performance plan and job evaluation with input from other treatment team members as requested.

### **III. JOB DUTIES**

The Nurse Administrator may delegate all or part of the following job responsibilities to the Staffing Coordinator:

1. Administrative Duties:
  - a. Meets routinely with the Nurse Administrator to receive directions regarding delegation of job assignments relating to position.
2. Staffing duties
  - a. Generate nursing schedules for all nursing units on a monthly basis and deliver to UND's for approval.
  - b. Generate staffing pattern in computer for continued use of reference.
  - c. Keep all schedules current.
  - d. Advise UND's of vacation requests from their staff as well as any special requests for the UND to authorize.
  - e. Notify UND's of any deficiencies in schedule.
  - f. Take sick calls and advise the unit RN of the sick calls.
  - g. Assign acuity personnel to units according to need.
  - h. Maintain individual employee attendance records and alert UND's with any patterns or excessive absences for UND to follow through on.
  - i. Compile use of overtime information.
3. Active Member of Nursing Discipline:
  - a. Is aware of criteria and expectations of job description;
  - b. Attends inservices and training programs designed to increase knowledge and data base in psychiatric treatment;
  - c. Attends unit and hospital-wide meetings as assigned.

### **IV. QUALIFICATIONS STATEMENT**

The Staffing Coordinator is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e., hospital and unit inservices, workshops, seminars, etc.

- A. Knowledge, Skills and Abilities
  1. Knowledge of mental health concepts
  2. Knowledge of safety and security regulations

3. Knowledge of basic computer skills.
- B. Education and Experience
  1. Graduation from a standard senior high school or equivalent, plus one year of full-time paid related employment.

The Staffing Coordinator is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. The Staffing Coordinator is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patients and staff. Expected at all times to perform in an appropriate, professional manner with patients and staff.

12-85;4-94;9-95; 5/98; 10/00 stfcoorjd.pol

\_\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### **OBJECTIVE #1**

The Staffing Coordinator is responsible for generating nursing schedules for all nursing units on a monthly basis and will meet with the Unit Nursing Director's for approval.

#### **STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Generates staffing patterns in the computer.
2. Inputs any approved schedule changes, authorized by the Unit Nursing Director that follows the Vacation Request Policy.
3. Responsible for maintaining current schedules.
4. Notifies the Unit Nursing Director's of vacation requests that have been covered by the pool personnel.
5. Takes sick calls, note deficiencies in the schedule and provide coverage as needed.
6. Works closely with the UND's and SSRNs.
7. Exhibits customer service skills and treats all calls with dignity and respect.
8. Exhibits open respectful communication with supervisors and peers.
9. Responsible for prioritizing multiple tasks and notifying appropriate personnel with changes in schedules.
10. Role model behavior that is professional and appropriate.
11. Manages time effectively. When scheduling demand is low, utilizes time by completing the Actual Staffing Sheets, track sick patterns, generate reports for nursing discipline, and generate new schedules.
12. Complies with the Absenteeism/Tardy Policy and Vacation Request Protocol.
13. Tracks and records calls made to pool and core personnel to cover acuity needs daily.

#### **STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Contract with the supervisor for a special assignment such as monthly sick report, patient acuity report, overtime report.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### **OBJECTIVE #2**

The Staffing Coordinator is responsible for assigning acuity personnel to the units based on patient acuity.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The Staffing Coordinator is responsible for receiving information, each shift, to document on projected staffing and acuity form.
2. The Staffing Coordinator maintains open communication with the SSRN and advises of acuity placements.
3. The Staffing Coordinator is responsible for calling unit personnel, which have not phoned in patient acuity and assigns techs according to the information received.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Covers all "holes" in the schedule before reporting off to the SSRN at the end of their shift.

#### Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #3

The Staffing Coordinator is responsible for maintaining individual employee attendance records.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Produces attendance sheets in a timely manner.
2. Tracks absenteeism of employees.
2. Responsible for informing the Unit Nursing Director's and Director of Nursing of excessive absenteeism and patterns.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Meets with the UND's from each assigned unit monthly to discuss scheduling concerns.

#### Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

10/00; 8/01; 06/03

## Chapter 6

### Personnel Management & Nursing Administration

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#### I. JOB SUMMARY

The Unit Nursing Director (UND) functions in an administrative and clinical psychiatric nursing role. He/She works within a treatment-team context to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health. The UND assumes ultimate responsibility for the standard of patient care while participating in the overall programming for each individual patient and the unit as a whole. He/She is responsible for ensuring the quality of nursing care on the assigned unit focusing in on the bio-psycho-social-spiritual-environmental needs of the Utah State Hospital patient. The UND is directly responsible to the Nurse Administrator. The Unit Nursing Director is the direct supervisor for the RN's, LPN's, psych techs, mentors, environmentalists, and unit clerks assigned to the same unit.

#### II. JOB RELATIONSHIPS/CONTACTS

The Unit Nursing Director is responsible for the overall nursing functioning of the unit for all shifts; he/she is the clinical supervisor for all psychiatric technicians, LPN's, and RN's on the unit. The Nurse Administrator is the immediate supervisor for this position. The Unit Clinical Director and Unit Administrative Director have input into his/her performance plan and evaluation.

#### III. JOB RESPONSIBILITIES

The UND performs the following job duties:

##### A. Supervision and Management

1. Provides supervision to RN's, LPN's, psych techs, mentors, environmentalists, and unit clerks on the same unit. Completes performance appraisals plans for these individuals.
2. Schedules and coordinates 24 hour coverage seven days a week for nursing staff.
3. Assigns specific duties to all nursing staff.
4. Problem solves in crisis situations at work.
5. Interviews and hires nursing personnel for the unit.
6. Responsible for orientation of new nursing personnel to unit policies and procedures, unit program, special safety/security needs, and job description.
7. Counsels employees as needed: develops, implements and evaluates corrective actions plans and disciplinary actions.
8. Responsible for daily and bi-weekly accuracy of time records and payroll data sheets.

##### B. Clinical Skills

1. Is competent to complete all duties of the staff RN if required.
2. Oversees RN's doing individual or group educational therapy.

##### C. Member of Unit Treatment Team

1. Supervises patient milieu and prescribes nursing care.
2. Assumes the responsibility for assuring continuation of a therapeutic milieu on the unit.

3. Responsible for quality assurance program monitoring nursing services.
  4. Active member of the unit SMT representing nursing and the needs of the patients.
  - D. Documentation
    1. Responsible for nursing personnel charting on all patients.
    2. Responsible for quality assurance monitoring documentation on the unit.
  - E. Miscellaneous
    1. Attends and/or conducts inservices and training programs designed to increase professional knowledge and growth.
    2. Conducts regular monthly unit nursing meetings.
    3. Attends administrative meetings as scheduled i.e. Administrative Services meeting, UND meeting.
    4. Member of hospital-wide nursing discipline; attends meetings.
    5. Member of assigned hospital-wide committee as a representative of nursing.
  - F. "The registered nurse is held accountable for the quality and quantity of nursing care given to patients rendered by self or others who are under his or her supervision."
- IV. KNOWLEDGE AND TRAINING REQUIRED
- Registered Nurse:
1. Licensure as a registered nurse in the State of Utah.
  2. Graduation from an approved school of nursing conforming to the standards of the State of Utah.
  3. Work experience in a supervisory role for a minimum of four years in a full- time professional paid position (may substitute graduate or specialized study for up to three years of experience.)
  4. Previous experience in a psychiatric setting is preferred.
  5. BSN required OR extensive experience as a registered nurse with supervisory responsibilities.
  6. Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The UND is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The UND is expected at all times to behave in an appropriate, professional manner with patients and staff.

10-84;4-94; 5/98; 10/00 undjd.pol

## II IMPROVING ORGANIZATIONAL PERFORMANCE

\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement

Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### OBJECTIVE #1

The Unit Nursing Director is responsible for the supervision and management of nursing services personnel (RNs, LPNs, SPT's, PTs, environmentalists and unit clerks.)

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Ensures all assignments made to nursing services staff are within employee's scope of practice.
2. Ensures performance plans and evaluations are current.
3. Discusses corrective or disciplinary actions with the Nursing Administrator prior to the action and submits the actions to Human Resources.
4. Conducts a minimum of ten unit nursing staff meetings each year.
5. Manages and reviews schedules daily to be sure that all shifts are covered.
6. Reviews vacation requests and submits them to the scheduler's office for coverage, following protocol.
7. Tracks and manages absenteeism and tardiness of nursing staff.
8. Tracks and manages overtime of nursing staff.
9. Tracks and manages safety management of environments' cleanliness, safety inspection, and needs.
10. Tracks and manages daily and monthly checks.
11. Tracks and manages outside consults, appointments and physical therapy.
12. Tracks and reports medication errors with a plan of action.
13. Tracks and manages Unit medical equipment..
14. Discusses, reviews and implements UND agenda training procedures to nursing staff each month.
15. Tracks and manages documentation compliance and performance of nursing staff each quarter.
16. Meets monthly with all shifts of nursing staff.
17. Works closely with the Staffing Coordinator to generate schedules, authorize vacation, monitor absenteeism and assure unit acuity.
18. Ensures that all new nursing personnel complete unit orientation.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Unit Nursing staff meetings for each shift every month.
2. Monitors absenteeism and tardiness for all unit nursing staff monthly and reports any actions to Nursing Administration.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### OBJECTIVE #2

The Unit Nursing Director assumes an active QI role.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Follow and complete QI reports; explain action/plan in detail, submit training roles and UND agenda items and show follow up on actions.
2. Responsible to track all information from Administration and report to unit nursing staff.
3. Identifies and corrects deficiencies through training or inservices and documents outcome on monthly report.
4. Sends completed monthly QI report with roles, minutes and medication refrigerator checklist to the Nursing Administrator by the 15th of the following month.
5. Completes follow-ups on all Statements of Concern within one week.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Initiates all Administrative Follow-ups in PIRS within one working day.
2. QI reports are complete, detailed, on time and with out nursing administration follow-up each month.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #3**

The Unit Nursing Director oversees and assumes responsibility for the nursing practice of all unit staff in nursing services, as delegated by nursing services, and as delegated by nursing administration.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Responsible for nursing staff to hold groups on the unit: RN - one or more groups/week; LPN - one or more groups/week; Psych Tech - one or more groups/week (day and afternoon shift staff).
2. Responsible for chart monitoring (night shift staff).
3. Monitors the work of nursing staff to maintain compliance with required documentation on individual patients.
4. Monitors the practice of employees to follow the Code of Conduct.
5. Reports regularly to Nurse Administrator to discuss and solve unit-related issues.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Organizes and conducts at least one unit age specific inservice quarterly.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #4**

The Unit Nursing Director is an active member of the USH nursing discipline. The Unit Nursing Director is an active member of the multi-disciplinary team

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Attends monthly UND meeting with the Nurse Administrator.
2. The UND represents the nursing profession in hospital-wide committees

as assigned.

3. Attends clinical staffings when needed and is an active participant in the meetings. Reviews all nursing objectives on ICTP's for quality and measurability.

4. Plans and implements inservice training specific to the unit's needs.

5. Meets with the SMT weekly to discuss and solve unit-related problems.

6. Attends Clinical Safety meeting weekly.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Actively participates on a hospital-wide QI project or hospital wide committee for 6 months or longer.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #5**

The UND maintains clinical skills and professional responsibilities.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Reports to work on time; arranges time off with Nurse Administrator.

2. Schedules nursing personnel to attend Mandatory inservices and psychosocial classes.

3. Completes mandatory inservices and one nursing skill workshop per year.

4. Maintains current licensure with the State of Utah.

5. Attend two CEUs per quarter.

6. Role model behavior that is professional, supportive and appropriate.

7. Represents Nursing Administration as a team.

8. Works collaboratively with UND's and SSRN's .

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Maintains RN,C Psychiatric and Mental Health Nursing certification  
AND/OR

Organizes and conducts at least one hospital-wide nursing discipline inservice twice a year

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews.

Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

10/00; 8/01

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### **I. JOB SUMMARY**

The Shift Supervising RN (SSRN) functions in an administrative and clinical psychiatric nursing role. He/She is responsible for ensuring the quality of nursing care throughout the hospital on evenings/nights/holidays and weekends. This care focuses on the bio-psycho-social-spiritual-environmental needs of the Utah State Hospital patient. The SSRN is directly responsible to the Assistant Nursing Administrator.

#### **II. JOB RELATIONSHIPS/CONTACTS**

The SSRN is responsible for the overall nursing functioning of the hospital for all evening/night/holiday and weekend shifts. The Assistant Nursing Administrator is the immediate supervisor for this position and completes his/her performance plan and evaluation.

#### **III. JOB RESPONSIBILITIES**

The SSRN performs the following job duties:

##### **A. Supervision and Management**

1. Reviews the scheduling and adjusts nursing personnel to optimize nursing staff coverage for evenings/nights/holidays and weekends based upon patient acuity.
2. Problem solves in crisis situations at work; keeps Nursing Administration and the unit UND=s apprised of personnel and patient care concerns.
3. Represents the Hospital Administration on evenings/nights/holidays and weekends in decisions that are emergent.
4. Interprets hospital and nursing policies, standards and regulations to nursing staff, patients, and public.
5. Makes independent decisions when there are not established policies, routines, or regulations to meet the situation or circumstance.
6. Orients and instructs nursing personnel in cooperation with other supervisory nursing personnel.

7. Assists in providing inservice training for evening/night nursing staff.
8. Counsels employees as needed and reports concerns to Nursing Administration.
9. Assists in determining staffing requirements, establishing staffing patterns, and developing the patient acuity system.
10. Coordinates activities of the nursing department during evening/nights/ holiday and weekend hours.
11. Performs the following duties daily or as needed:
  - A. Receives and reviews reports from preceding shift and receives reports from unit RN=s.
  - B. Makes complete rounds or visits to all patient care areas noting safety checks, fire hazards, patient care, and environment.
  - C. Receives census, patient condition, and patient acuity report from RN=s on each unit.
  - D. Assess patients= conditions and assists the unit RN in decision making concerning patient care.
  - E. Admits patients and makes arrangements for emergency services when required; assists on-call personnel if needed.
12. Works closely with the Security department to provide quality patient care and security throughout the hospital.
13. Works closely with support services when a facilities problem arises.
14. Works with outside agencies when the need arises to provide quality patient care.

B. Clinical Skills

1. Is competent to complete all duties of the staff RN if required.
2. Handles incidents and prepares incident reports as needed.
3. Reports to next SSRN or Nursing Administration.

C. Miscellaneous

1. Attends and/or conducts inservices and training programs designed to increase professional knowledge and growth.
2. Attends administrative meetings as scheduled i.e. SSRN meeting, other Administrative meetings as assigned.
3. Member of hospital-wide nursing discipline; attends meetings.
4. Member of assigned hospital-wide committee as a representative of nursing.
5. Provides supplies, equipment, medications from Central Supply, the

Central Drug Cabinet, or other areas when needed. Assists the unit RN in obtaining supplies, equipment, and/or medications from outside providers when needed.

#### IV. KNOWLEDGE AND TRAINING REQUIRED

Registered Nurse:

1. Licensure as a registered nurse in the State of Utah.
2. Graduation from an approved school of nursing conforming to the standards of the State of Utah.
3. Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.)
4. Previous experience in a psychiatric setting is preferred.
5. BSN required OR extensive experience as a registered nurse with supervisory responsibilities.
6. Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The SSRN is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The SSRN is expected at all times to behave in an appropriate, professional manner with patients and staff.

\_\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### OBJECTIVE #1

The SSRN is responsible for providing administrative service for the hospital during evening/night/weekend/holiday hours.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Directs and supervises hospital personnel during hours when hospital administration is not here, i.e. evenings, nights, weekends, and holidays.
2. Coordinates with on-call administration, department, and unit directors concerning hospital issues.
3. Responsible for completing administrative duties that must be handled in the absence of \_\_\_\_\_ administration and will inform the administrator on-call of any emergency situations.
4. Makes independent decisions when there are no established policies, routines, or written guidelines to meet the situation or circumstance.

5. Works closely with the switchboard and security personnel to provide service to the hospital.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Attends 100% of the monthly SSRN meetings.
2. Maintains a personal record of all calls to other management personnel including details of the reason for calling and the outcome.

**OBJECTIVE #2**

The SSRN is responsible for providing managerial nursing service to the patient areas of the hospital.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Directs and supervises shift nursing personnel on all units during evenings/nights/ weekends/holidays.
2. Seeks cooperation of staff to achieve hospital objectives and maintain good interdepartmental relationships.
3. Receives report from preceding shift supervisor and/or unit nurses.
4. Makes complete rounds or visits to all patient care areas each shift noting safety principles, fire hazards, patient care and environment.
5. Receives census and condition reports from nurses on each unit.
6. Assesses patient's conditions and supervises principles and techniques of patient care on each unit.
7. Responsible to provide supplies, equipment, drugs, and medications as needed and obtain them, when necessary, from other areas of the hospital.
8. Helps admit patients as needed
9. Makes arrangements for emergency services.
9. Assists on-call personnel as needed.
10. Portrays role model behavior that is professional, supportive, and appropriate.
11. Exhibits an open, respectful communication to supervisors and subordinates.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Complete a supervisory training or seminar, other than that required by HR, once a year and report on it in an SSRN meeting.
2. Read current articles on supervisory skills, techniques, ideas, etc. and maintain a card file for 6 months.

**OBJECTIVE #3**

The SSRN is responsible to solve problems and grievances and will provide administrative guidance.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Implements policies, standards, and regulations of Utah State Hospital and nursing services and interprets them to nursing personnel, patients, and the public.
2. Handles incidents and prepares the report.
3. Reports incidents to administrative leaders and unit administration and seeks counsel from them as needed.
4. Demonstrates appropriate judgment and decision-making in solving

problems.

5. Demonstrates ability to prioritize duties and problems as they occur.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Research and write a discourse on conflict management and present it at an SSRN meeting.

2. Write up the activities that occurred on one very busy shift per month and explain how you prioritized them.

**OBJECTIVE #4**

The SSRN works closely with the staffing coordinators to assure nursing unit coverage is appropriate.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Receives report from the staffing coordinators each shift.

2. Reviews staffing on each unit and adjusts nursing personnel as the need arises.

3. Responsible for staffing the nursing units on night and day shifts.

4. Receives sick calls, records sick calls appropriately, and reports them to the unit RN.

5. Reports errors in schedules to staffing coordinators.

6. Directs requests for time-off to the appropriate supervisor.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Verifies actual acuity form on each unit, for every shift worked, to ensure information is accurate and provides documentation of forms verified to the staffing coordinators.

**OBJECTIVE #5**

The SSRN is a resource for continuing education and knowledge of hospital policies and procedures.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Reads and initials new policies and procedures in SSRN information book.

2. Informs nursing personnel of new or revised policies and procedures.

3. Provides and oversees inservice training for nursing personnel working off-hours.

4. Demonstrates new techniques and answers questions regarding patient care.

5. Interprets nursing service policies to medical staff.

6. Assists in orientation of new nursing personnel and role models appropriate nursing care as outlined in hospital policies and procedures.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Completes a drill -i.e. Code Blue or Code 10 -weekly along with the necessary documentation.

2. Organizes and conducts a hospital-wide inservice a minimum of twice a year.

3. Organizes and implements a "brown-bag" inservice for night-shift 6 times in a year.

**OBJECTIVE #6**

The SSRN prepares written or verbal reports as directed on patient care and hospital activities.

#### STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Gives report to the on-coming shift supervisor or to the Assistant and /or Director of Nursing.
2. Meets with the Director of Nursing on a regular basis to discuss policies and procedures, regulations, standards of care, staffing schedules and concerns, personnel issues and grievances, emergencies, and incidents, etc.
3. Prepares and delivers reports to other hospital administration as requested.
4. Notifies appropriate hospital department supervisors of concerns or incidents that occur during his/her supervising shift.

#### STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Collects accurate data on all patients going to the emergency room at UVRMC during the 24 hour time frame that their shift falls in and e-mails the information to Dr. Aste for at least a 6 month period of time.

6/89; 10/98; 02/02; 06/03 ssrnjd.pol

## Chapter 6

### Personnel Management & Nursing Administration

#### I. JOB SUMMARY

The Unit Clerk is a member of the Nursing Discipline of Utah State Hospital. The primary function is to perform duties, i.e., scheduling appointments, transcribing orders, typing, filing, answering phones, etc. as assigned by the Unit Nursing Director. Works within a treatment team context to promote the general health and well-being of the inpatient psychiatric client and to assist his/her return to an optimal level of health.

#### II. JOB RESPONSIBILITIES

The Unit Clerk is immediately responsible to the Unit Nursing Director. The Unit Nursing Director is responsible for completing the performance plan and job evaluation with input from other treatment team members as requested. The Unit charge RN may make assignments to the Unit Clerk when deemed necessary.

#### III. JOB DUTIES

The Unit Nursing Director may delegate all or part of the following job responsibilities to the Unit Clerk:

1. Administrative Duties:
  - a. Meets routinely with the Unit Nursing Director to receive directions regarding delegation of job assignments relating to position and other psych tech positions on the unit;
2. Clerk duties
  - a. Schedules appointments for physical therapy, optometry, dental, neurological, speech-hearing, occupation therapy, adult education, court, podiatry, EEG, EKG, ECT, X-ray, Vocational rehab, other therapy groups.

- b. Schedules and arranges for transportation of patients to and from off ground appointments including shopping trips, doctor appointments, evaluations and other appointments.
  - c. Transcribes physicians orders to all appropriate places--Kardex, requisitions, pharmacy.
  - d. Typing, filing, answering phones, creating forms, updating the nursing Kardex and status sheets, signing patients in and out on passes, maintaining files.
  - e. Maintaining individual patient schedules and contacting appropriate parties with consults or changes.
  - f. Generate accurate labs to be done on a daily basis on the "lab board:.
  - g. Is conscious of the public relations issues for internal and external customers: takes phone messages for staff.
  - h. Assists nurses in making calls during emergencies.
- 3. Performance of Necessary Documentation
  - a. Chart monitoring duties thinning blue charts and making sure the blue and brown charts have the proper forms in the proper order.
  - b. Organizes the discharge chart for medical records.
  - c. Orders and maintains supply of all forms and maintains the desk area in an organized manner.
  - d. Keeps admission charts ready with all pertinent forms present in the chart.
- 4. Active Member of Nursing Discipline:
  - a. Is aware of criteria and expectations of job description;
  - b. Attends inservices and training programs designed to increase knowledge and data base in psychiatric treatment;
  - c. Attends unit and hospital-wide meetings as assigned.

#### IV. QUALIFICATIONS STATEMENT

The Unit Clerk is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e., hospital and unit inservices, workshops, seminars, etc.

- A. Knowledge, Skills and Abilities
  - 1. Knowledge of mental health concepts
  - 2. Knowledge of safety and security regulations
  - 3. Knowledge of medical terminology
- B. Education and Experience
  - 1. Graduation from a standard senior high school or equivalent, plus one year of full-time paid related employment.

The Unit Clerk is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. The Unit Clerk is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patients and staff. Expected at all times to perform in an appropriate, professional manner with patients and staff.

12-85;4-94;9-95; 5/98; 10/00 unitclkj.d.pol

\_\_\_\_ The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

#### **OBJECTIVE #1**

The Unit Clerk is responsible for scheduling appointments for USH clinics and outside consultations. The clerk possesses good customer relation skills.

#### **STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Schedules and arranges the transportation of patients to and from appointments occurring off grounds.
2. Responsible for the transcription of doctors orders to the appropriate places which include kardex, requisitions and pharmacy.
3. Is the public relations person for internal and external customers and treats all customers with dignity and respect.
4. Communicates effectively verbally and in writing.
- 5.

#### **STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Assist staff in getting patients to all appointments as scheduled 90% of the time i.e. remind the assigned psych tech 15 minutes before the patient needs to leave for an appointment; help arrange transportation for the psych tech to take the patient, communicate with the RN about the scheduled appointments and the status.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### **OBJECTIVE #2**

The Unit Clerk is responsible for clerical duties as indicated.

#### **STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Responsible for maintaining a clean and orderly nursing station.
2. Responsible for typing, filing, answering phones, creating forms, status sheets, maintaining files.
3. Generates accurate labs on a daily basis on the "lab board."
4. Responsible to order and maintain supply of all forms for the nursing station.

#### **STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Provides inservice for nursing staff on all new forms.
2. Maintains a clerical system tracking lab protocols for all patients.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

#### **OBJECTIVE #3**

The Unit Clerk is responsible for chart monitoring duties.

#### **STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Thins the charts when necessary.
2. Responsible to make sure the charts have the proper forms in the correct order.

3. Organizes the discharge chart for Medical Records.

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Works with UND to have all discharged charts complete within 5 days of patient discharge.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

**OBJECTIVE #4**

The clerk work shifts as assigned.

**STANDARDS FOR SUCCESSFUL PERFORMANCE:**

1. Works an eight-hour shift.
2. Reports to work on time. Complies with the Absenteeism/Tardy Policy and Vacation Request Protocol
3. Attends meetings as assigned.
4. Exhibits open respectful communication with supervisors and peers (as outlined in the Code of Conduct).

**STANDARDS FOR EXCEPTIONAL PERFORMANCE:**

1. Attends at least one change of shift daily.

Overall Rating:

E= Exceptional

S= Successful

U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ with this overall evaluation

10/00; 8/01; 06/04

## **Chapter 6**

# **Personnel Management & Nursing Administration**

## PROTOCOL:

1. Employees schedules are written each calendar month.
  - 1.1 The monthly schedules are generated by the Staffing Office via Excel on the computer.
  - 1.2 The UND's have access to the program to review their schedules.
  - 1.3 Each employee can review his/her personal schedule at any time.
2. Employees (RN, LPN, Psych Tech, Clerk, Environmentalist, and/or Mentor) may be granted time off if the staffing pattern remains at its minimum or higher.
3. Time off requests are required to be given to the Staffing Office at least one week in advance.
  - 3.1 Only emergencies are considered as exceptions.
4. Time off requests are made via e-mail to the Scheduling Office with a cc to the UND.
5. The Scheduling Office makes a hard copy of the e-mail request for time off and responds to the employee in a timely manner via e-mail.
6. Holiday requests are handled by the UND who works with the Scheduling Office on these requests.
7. All sick calls or personal emergencies are called to the Staffing Office (344-4262 or 344-4253).
  - 7.1 If no one answers this phone during weekday day shift, the employee leaves a voice mail explaining the reason for calling in.
  - 7.2 If no one answers this phone during evenings, nights, or weekends, the employee calls the switchboard at 344-4400 and requests that the switchboard operator notify the SSRN by radio.
    - 7.2.1 The employee does not leave voice mail unless instructed to do so by the Switchboard when there is an emergency.
8. The Staffing Office notifies the unit RN or UND of any sick calls.
9. Schedules may ONLY be changed by the Staffing Office.
10. Employee are not allowed to modify their schedule without approval from the UND.
  - 10.1 Trading shifts is not allowed if it creates a situation in which an employee works greater than 40 hours during the work week (unless approved by the UND)
11. Overtime shifts for nursing coverage must be coordinated through the Staffing Office and the UND.
  - 11.1 The Charge RN works with the SSRN on evenings, weekends, and nights to coordinate immediate needs of the shift.
  - 11.2 The Staffing Coordinator works with the UND during weekdays to coordinate immediate needs of the shift.
12. All employees within the Nursing discipline are subject to be moved to another unit to ensure adequate staffing coverage hospital wide.
13. Whenever a unit has a shift that is working with more than their minimum staffing as per the acuity system, the UND/SSRN or charge RN may opt to send an employee home to use their comp or excess time.
  - 13.1 When this occurs, it is reported to the Staffing Office for tracking purposes.

5/98; 10/98; 10/00 sched2.pro

## Chapter 6

### Personnel Management & Nursing Administration

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#### POLICY:

The Utah State Hospital provides 24-hour nursing coverage generally divided into three eight-hour shifts. Nursing personnel (RN's, LPN's, and psych techs) receive differential pay for working specific shifts when they are providing direct patient care. (See USH:OPP Human Resources Chapter Section 15 Shift Differential)

#### PROCEDURE:

1. The working shifts for LPN's and Psych Techs are as follows:

<u>Time</u>	<u>Name</u>	
2230-0700 (10:30 PM to 7:00 AM)	NIGHTS	Shift 1
0630-1500 (6:30 AM to 3:00 PM)	DAYS	Shift 2
1430-2300 (2:30 PM to 11:00 PM)	EVENINGS	Shift 3

- 1.1 The first shift of the day starts at 2230 of the previous day. e.g. Friday night 2230 to Saturday AM 0700 is shift 1 for the calendar date for Saturday. Saturday 0700 to Saturday 1500 is shift 2 for the calendar date for Saturday. Saturday 1430 to Saturday 2300 is shift 3 for the calendar date for Saturday.

2. The working shifts for RN's are as follows:

<u>Time</u>	<u>Name</u>	
0600 1830 (6 AM to 6:30 PM)		Shift 4
1800 0630 (6 PM to 6:30 AM)		Shift 5

8 hour shifts for RN's as above for LPN's and PT's

3. RN's schedules are made out using 4 and 5 to delineate 12 hour day shift and 12 hours night shift. LPN's and PT's schedules are made out using 1, 2, and 3 as stated above to designate shifts for each calendar month.
4. When a nursing staff member is sick and calls off for a shift, they call the Staffing Office to report their illness.
  - 4.1 The Staffing Office notifies the unit RN on shift of the staff member's proposed absence.
  - 4.2 The Staffing Office attempts to cover the vacancy created by the sick notification by use of the acuity pool or by pulling a staff member from another unit.
    - 4.2.1 If the Staffing Office is unable to cover the vacancy, the unit RN is notified of the lack of coverage.
      - 4.2.1.1 The unit RN can arrange for a unit staff member to work the shift as an extra shift (see overtime p/p)
5. When a nursing staff member requests vacation or other leave time, the request is in writing.
  - 5.1 The staff turn their requests into the unit UND.
  - 5.2 The UND turns the requests into the Staffing Office to find coverage.

6. When vacation is requested the Staffing Office attempts to find coverage for the person's time off.
    - 6.1 If coverage is available the leave time is granted and the employee is notified.
    - 6.2 If no coverage is available, the UND is notified that the Staffing Office cannot find coverage for the time off requested by the employee.
    - 6.3 If the UND can arrange coverage for the employee, the UND notifies the Staffing Office of the changes in the schedule.
  7. Differential pay is paid on shifts which include more than half of the hours within the "off" shift i.e. not day shift Monday through Friday.
  8. Differential pay is not paid to employees participating in camping trips.
  9. Vacations, holidays, sick leave, and compensatory leave are paid at the regular rate of pay and do not include differential pay.
- 12-87;1-94; 4/98; 10/00; 02/03 schedu.pol

## Chapter 6

### Personnel Management & Nursing Administration

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#### POLICY:

Employees request vacation in a timely manner to maintain workplace efficiency, provide excellent inpatient psychiatric care and to maintain a safe work environment.

#### PROCEDURE:

1. Nursing staff (RN, LPN, Psychiatric Technician, Senior Psychiatric Technician, Unit Clerk, and Environmentalist) schedules are generated by the Staffing Coordinator, in the Excel program.
  - 1.1 The UND is responsible to maintain unit-staffing patterns by managing, reviewing, and approving requested time off.
  - 1.2 The Staffing Coordinator maintains the actual schedule and is responsible to make changes and assign acuity.
  - 1.3 Each employee can review his/her personal schedule through the UND, scheduling office, or shift RN.
2. When a nursing employee wants time off for vacation, a vacation request form must be filled out completely.
3. When requesting vacation the employee must follow these guidelines:
  - 3.1 If requesting more than 2 consecutive days off, you must complete a vacation request form at least 6 weeks prior to the dates desired. Requesting vacation with at least a 6-week notice is given first priority.
  - 3.2 If requesting 1-2 consecutive days off, you must complete a vacation request form at least 2 weeks prior to the dates desired.
  - 3.3 Requesting vacation with less than a 2-week notice, generally, will not be granted. Exceptions to this must be authorized by the UND and Nursing Administration.
  - 3.4 The staffing coordinator does not authorize vacation requests.
4. The vacation request forms are reviewed by the UND for approval or rejection.
  - 4.1 The UND submits request forms to the Staffing Coordinator.
  - 4.2 The Staffing Coordinator arranges coverage for the requested vacation, notifies the UND and files the requests.
    - 4.2.1 The UND notifies the employee of approved vacation.
  - 4.3 If the Staffing Coordinator is unable to cover the requested vacation the UND is notified and notifies the employee.
    - 4.3.1 If an employee calls in sick for a shift on a day when requested vacation has been denied the employee is required to submit a Physician's note, dated the same day of the sick call to the UND.
    - 4.3.2 Failure to present a Physician's note will result in corrective or disciplinary action.
5. Holiday requests for major holidays (i.e. Thanksgiving, Christmas and

New Years) are scheduled through the UND in September, prior to each season.

- 5.1 Each employee submits a prioritized preference of holiday time off to the UND.
- 5.2 The UND may limit the amount of time off requested during the holiday season, to assure patient care for acuity needs.
- 5.3 The UND submits the holiday schedule to the Staffing Coordinator to generate the schedule.
- 6. All sick calls or personal emergencies are called to the Staffing Coordinator (0700-1730 Monday thru Sunday) or SSRN (remaining hours of each day).  
Staffing Coordinator: 344-4552, 344-4577, 344-4391.  
SSRN can be reached through the Switchboard: 344-4400.
  - 6.1 The employee does not leave voice mail unless instructed to do so by the Switchboard when there is an emergency.
  - 6.2 The Staffing Coordinator or SSRN notifies the unit RN or UND of the sick call.
  - 6.3 Sick calls on national, state or local holidays, including the day and/or weekend before and the day and/or weekend after the holiday, shall require a physician's note explaining the absence.
- 7. Schedules may ONLY be changed by the Staffing Coordinator in the Scheduling Office.
- 8. Employees are not allowed to modify their schedule without approval from the UND.
  - 8.1 Trading shifts is not allowed if it creates a situation in which an employee works greater than 40 hours a week (unless approved by the UND).
  - 8.2 A trade slip is submitted to the UND with both employees' signatures.
  - 8.3 If the UND authorizes the shift trade he/she notifies the Staffing Coordinator of the trade and the Staffing Coordinator inputs it into the Excell schedule.
  - 8.4 The Staffing Coordinator does not authorize shift trades.
- 9. Overtime for nursing staff coverage must be coordinated through the UND, Staffing Coordinator, or SSRN.
  - 9.1 The Staffing Coordinator works with the Charge RN during the weekdays to coordinate immediate needs of the shift.
  - 9.2 The Charge RN works with the SSRN on evenings, weekends and nights to coordinate immediate needs of the shift.
- 10. All nursing employees are subject to be moved to another unit to ensure adequate staffing coverage hospital wide.
  - 10.1 Failure to move to another unit for hospital staffing needs will result in disciplinary action.
- 11. Whenever a unit starts the shift with more than their minimum-staffing (as per acuity system: 2 RN's, 2 LPN's, or greater number than needed psych techs) and all hospital staffing is adequate for the immediate shift,

the UND or SSRN may let an employee use their vacation time.

11.1 Requesting vacation time based upon higher than minimum-staffing numbers is not permitted (see 3.3 above).

6/03; 08/03 vacationrequest

## **Chapter 6**

### **Personnel Management & Nursing Administration**

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#### ***Policy***

Sexual involvement of staff with patients is inappropriate and is not condoned. The relationship between staff and patient is professional and not for social purposes. Any departure from that position compromises legitimate treatment efforts and care provisions for the patient.

Examples of inappropriate behavior include, but are not limited to:

- Flirtatious behavior
- Dating
- Fondling and other inappropriate physical contact
- Seduction
- Overt sexual contact/relations
- Inappropriate sexually-laden or sexually-abusive language
- Threats or manipulation for sexual favor (See USH:OPP Human

Resources Chapter Section 13 Sexual Misconduct Between Patient and Staff)

#### ***Procedure***

1. Disciplinary Action: Violation of this policy by staff is considered a major infraction and will be subject to severe disciplinary action, and may include termination of employment.
2. Reporting Sexual Misconduct: Staff who become aware of such activity, or receive a complaint, are responsible to report misconduct through designated channels.
3. Violations of this policy are reported to Child Protective Services (CPS), Adult Protective Services (APS), and the Division of Professional Liability (DOPL) as applicable.

Taken from USH:OPP 5/98; 11/9; 8/01 sexmiscond.pol

## Chapter 6

### Personnel Management & Nursing Administration

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#### POLICY:

Nursing Administration has the authority to re-align nursing staff between units to obtain more optimal nursing coverage for all patient care units throughout the hospital.

#### PROCEDURE:

1. Staffing needs are identified through the hospital's acuity system and established minimum staffing guidelines.
2. The unit RN reports staffing and acuity to the staffing office q shift (prior to the beginning of the next shift).
  - 2.1 Any overtime usage to help meet minimum coverage is also reported to the staffing office.
3. The staffing office assigns Acuity Psych Techs to cover unit needs based upon the level of acuity.
4. When there is not adequate coverage through use of the Acuity Pool, the staffing office contacts staff members who may be willing to work the shift.
  - 4.1 When central staffing is unable to find a staff member to cover the empty shift, the staff scheduler discusses the situation with the UND's and Nursing Administration if necessary.
5. When there is no staff member available to work the empty shift, a staff member can be pulled from a unit where there is adequate coverage to the unit where there is a shortage.
  - 5.1 All staff members can be pulled from one area to another to optimize staffing patterns.
  - 5.2 When no RN is available to cover a specific area, the UND is contacted to assist with coverage.
  - 5.3 Refusal by a staff member to cover another area of the hospital is considered insubordination and could result in disciplinary action.
6. When the staff scheduler is unavailable, the Shift Supervisor completes the above tasks.
7. Variances in staffing levels are documented and reported to Nursing Administration and the Hospital Clinical Director as requested.
8. Nursing staff are cross trained to provide coverage throughout the hospital to meet acuity needs.
  - 8.1 All nursing staff are trained during NEO and Nursing orientation in basic nursing duties so that they can work effectively on specific units other than their primary assignments.
  - 8.2 When possible, staff are pulled to units with similar populations i.e. children's and youth, or adult patients.

4/98; 8/01 staff.pol

## Chapter 6

# Personnel Management & Nursing Administration

## POLICY:

Nursing staff are assigned to meet patient care needs through a combination of unit assigned staff and centrally assigned staff.

## PROCEDURE:

- Each patient care area (unit/service) schedules to meet minimal staffing patterns.

UNIT/SERVICE	RN Minimum			LPN Minimum			Psych Tech		
Minimum	D---E----N			D----E----N			D-----E----N		
Children's	1	1	1	0	0	0	4	5	1
Youth	2	2	2	1	0	0	8	8	5
Adult Services									
SW	1	1	1	1	1	0	4	4	2
SE	1	1	1	1	1	0	4	4	2
SW	1	1	1	1	1	0	4	4	2
SW	1	1	1	1	1	0	4	4	2
LHU	1	1	1	1	1	0		5	5 3
Hope	2	2	2	1	1	0	8	8	4
Forensic 1	1	1	1	1	1	0	5	5	3
Forensic 2	1	1	1	1	1	0	4	4	2
Forensic 3	1	1	1	1	1	0	4	4	2
Forensic 4	1	1	1	1	1	0	3	3	2

- A centralized nursing acuity pool is utilized to provide patient acuity based staffing.
  - The RN's (in full-time positions) are utilized to provide 1 RN per 30 patients per shift.
    - 3.0 FTE's of RN positions are utilized exclusively for acuity needs being deployed on a shift-to-shift basis.
    - Part-time RN's and LPN's are utilized when possible to provide HVS coverage.
- There are psychiatric technicians in a personnel pool who are deployed on a shift-to-shift basis.
- The minimal staffing patterns and patient acuity based staffing system are reviewed at least annually as part of CQI for Nursing (see minutes, UND CQI meeting).

1/91;1/94; 9-95; 4/98; 10/00 stafpatt.pol

## POLICY

Utah State Hospital responds to elopements to ensure patient and community safety. In the event of patient elopement, hospital personnel follow a facility-wide procedure. (See USH:OPP Patient Management Chapter Section 30 Elopement Procedure)

## PROCEDURE

1. In the event of an elopement, the person directly responsible for the patient's supervision immediately notifies the unit RN, the SSRN (after hours), the switchboard operator and security.
  - 1.1 The emergency number for reporting an elopement is ext. 44222.
  - 1.2 When reporting an elopement to the switchboard, a brief description of the patient is given, including name, age, hair color, clothing description, and last place seen.
2. Upon notification of an elopement, hospital security immediately coordinates with the unit personnel (and SSRN if after hours) a search of the hospital grounds (if the elopement is from the hospital grounds).
  - 2.1 When possible, two staff members who are acquainted with the elopement patient assist with the search.
3. Upon implementation of a search, the hospital chief of security, or designee, notifies the appropriate police department(s).
  - 3.1 Upon request, the hospital chief of security, or designee, provides the appropriate police department(s) with a picture of any identifying information of the patient.
  - 3.2 The appropriate police department(s) is requested to place notification of the elopement on their teletype.
4. During weekdays 8 am - 5 pm , the RN or designee notifies the unit SMT members and USH Administration.
  - 4.1 The unit SMT is responsible to notify the CMHC, the patient's family members, and Tarasoff person(s) if applicable.
5. If the elopement occurs after hours ( evenings, nights, weekends, holidays) the Unit RN notifies the psychiatrist on call, the Unit AD, the CMHC, the patient's family, and the Tarasoff person(s) if applicable.
  - 5.1 If the elopement occurs on Youth or Children's the unit RN also arranges to contact Division of Family Services(DFS) to notify the patient's DFS case worker.
  - 5.2. The SSRN notifies the Administrator on call, the Superintendent, and the Hospital Clinical Director.
7. The unit RN completes an elopement report in PIRs before leaving the shift.
  - 7.1 If after hours the unit RN also documents contacts or attempts to contact Tarasoff persons(s), family members, and the CHMC.
  - 7.2 The AD is responsible to complete the administrative follow-up section of the PIRS as the elopement report to administration. The UND completes this if the AD is not available.
8. When an elopement is apprehended, the unit notifies the switchboard.

- 8.1 The switchboard notifies hospital security, and the SSRN (when on duty).
  - 8.2 The unit RN notifies the Unit AD, the Unit psychiatrist, the psychiatrist on call, and the Tarasoff person(s) if applicable.
  - 8.3 The SSRN notifies the administrator OD and the Superintendent.
  - 8.4 The chief of security notifies the appropriate police department(s).
  - 8.5 The unit RN or Treatment Coordinator notifies the family and the CMHC.
  - 8.6 The unit RN or Treatment Coordinator on Youth and Children's notifies DFS.
9. Following an elopement, meetings with the staff and also with the patients (where appropriate) is held to discuss all aspects of the elopement.
  - 9.1 A summary of this meeting is presented in the hospital morning meeting.
10. Elopements occurring at locations other than the hospital are assessed by the clinical staff supervising the patients for appropriate action.
  - 10.1 In such an event, the above procedure is followed.
11. Any updated information regarding the patient who has eloped (such as information regarding whereabouts, safety concerns, return of patient, or other information) is communicated to USH administration by the unit SMT or charge nurse depending on the time the information is received.
  - 11.1 The SSRN represents USH Administration during evenings, nights, weekends or holidays.

5/98; 8/00; 10/00 awol.pol

## **Chapter 7**

### **Safety**

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#### **POLICY**

All nursing discipline personnel are taught to use correct body mechanics to prevent injury to self and the patient.

#### **PROCEDURE**

1. All nursing discipline personnel are taught the correct methods of moving and/or lifting patients.
2. Risk Management monitors staff injuries. When injuries occur secondary to poor body mechanics, the specific unit holds inservices reinforcing correct body mechanics.
3. The Geriatric Unit is a unit with a high risk for back injury and thus holds regular inservices for staff on the use of correct body mechanics.

8-87; 1-94; 5/98; 8/01 bodymech.pol

## Chapter 7

### Safety

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#### POLICY

Employees required to take medication while on duty at Utah State Hospital must maintain their medication in a safe, secure, non-patient area.

#### PROCEDURE

1. Employees on medication bring only enough medication to be taken during their shift.
2. The medication is kept in the employee's personal lock up area or in the employee's car which is kept locked.
3. Medication is not kept on the employee's person when the employee works directly with patients.

5/98; 8/01 empmeds.pol

## Chapter 7

### Safety

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#### POLICY

Treatment units respond to fire alarms according to procedure outlined below in order to maintain patient, employee, and visitor safety. (See USH:OPP Risk Management Chapter Section 7 Fire Drills)

#### PROCEDURE

1. When the fire alarm sounds the units evacuate their areas as follows:
  - 1.1 Children's Treatment Unit; Adolescent Treatment Unit; and Life Habilitation Treatment Units evacuate to a designated area a safe distance from the building.
  - 1.2 Adult Services areas evacuate to another smoke containment area if there is only one area of the building involved in the fire or to the outside of the building if two areas of the building are involved in the fire.
  - 1.3 Forensic areas evacuate to another smoke containment area of the Forensic building.
  - 1.3.1 If the entire building must be evacuated the patients and staff evacuate to the fenced in recreational yard for transportation to another area of the hospital.
  - 1.4 Geriatric Unit lines up at door if the alarm is a fire drill and the units have been pre-notified.
  - 1.4.1 If not notified, they evacuate to a designated area a safe distance from the building.
2. Staff not assigned to a specific unit evacuate the building with special attention to patients in building (Heninger - canteen, pool, gym; MS - clinics).

5/98; 8/00 fire.pol

## Chapter 7

### Safety

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#### POLICY

A refrigerator checklist is completed for each refrigerator located on a patient care unit.

#### PROCEDURE

1. All medication refrigerators on patient care units are monitored on a daily basis for a temperature range between 35 to 46 degrees Fahrenheit.
  - 1.1 The freezer compartment of medication refrigerators is not used for medication.
  - 1.2 All medication refrigerator freezers have a sign on them indicating they are not being used.
2. All dietary refrigerators on patient care units are monitored on a daily basis for a temperature range between 34 to 40 degrees Fahrenheit.
3. All refrigerators on patient care units are cleaned at least weekly or more often as needed.
4. All refrigerators on patient care units have contents checked for proper storage, labeling, outdates, and rotation purposes at least monthly.
5. A refrigerator checklist section is completed monthly for each refrigerator on patient care units. The originals are kept on the unit and a copy of the medication refrigerator checklist is sent to nursing. A copy of the dietary refrigerator checklist is sent to dietary.
6. Refrigerator checklists are kept on file for a minimum of one year in an easily accessible manner.

8-87; 1-94; 5/98; 8/01;02/03 fridges.pol

## Chapter 7

### Safety

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#### POLICY:

Utah State Hospital maintains hot water temperatures in sinks, tubs and showers within the Department of Health required range to maintain patient, visitor and employee safety.

#### PROCEDURE:

1. Unit nursing staff check the water temperatures on the unit on a daily basis.
  - 1.1 Hot water temperatures are kept in compliance with the requirements of the Department of Health and must be kept between 105-115 degrees F.
2. When the temperatures are not within the range of 105-115 degrees F, nursing staff notify the Maintenance Department.
3. A log of water temperatures is maintained on the unit.

8/01

## Chapter 7

# Safety

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## POLICY

Key control is the responsibility of the Office of Human Resources and the Supervisor of Support Services. All locksmith services, including repair, key or lock changes or replacements, duplicate or replacement for existing locks, and lock changes are procured only through the established procedure. (See USH:OPP Human Resources Chapter Section 15 Key Control)

## PROCEDURE

1. Human Resources maintains the key records.
  - 1.1 These records include all facility keys, and key holders.
  - 1.2 These records are kept current at all times.
2. Support services maintains the lock records.
  - 2.1 The records include all facility locks.
  - 2.2 The records are kept current at all times.
3. New Hires: Employees are assigned an identification number which appears on the key tag issued by the Human Resources technician at the time of hire.
  - 3.1 Human Resources issues keys to new hires at which time the employee reads and signs a Key Agreement form which lists the keys issued to the employee and the penalties for violating said agreement.
    - 3.1.1 Keys issued in accordance with this policy may not be duplicated by the holder. Such action constitutes grounds for disciplinary action which may include termination.
4. Unit Transfers: When a current employee transfers from one unit to another, he/she must have a completed Unit Transfer Key form signed by the Administrative Director of the unit from which they are transferring and the Administrative Director of the unit to which they are transferring.
  - 4.1 The employee turns in the keys from the original unit to Human Resources.
  - 4.2 Using the Key Agreement form signed by the employee, Human Resources verifies that all keys issued to this employee were returned.
  - 4.3 Human Resources then issues keys to the employee for the new unit at which time the employee signs a new Key Agreement form listing the new keys.
5. Terminations: Upon termination, the employee turns in his/her keys to Human Resources.

- 5.1 The original Key Agreement form, is obtained and checked to ensure that the keys given to the employee have been returned.
  - 5.2 The Identification Tag is returned to the Human Resources technician, and the number is re-issued to another employee.
- 6. Provisions are made for short-term requirements on a sign-out basis.
- 7. Additional requests for keys are issued when the person making the request completes an Additional Key Request form signed by supervisor and then approved by Human Resources and the Supervisor of Support Services.
  - 7.1 Upon approval, Human Resources issues the new keys to the employee and updates the employee's original Key Agreement form.
- 8. The employee is responsible for the cost of replacing lost keys and coinciding locks.
  - 8.1 The cost for replacing a key or a set of keys is \$50.00.
  - 8.2 This fee must be paid before a new key or set of keys is issued.
- 9. Unit/Department directors authorize the type of keys to be issued to employees.
- 10. Patient industrial workers may carry only those keys that are necessary for entrance onto the unit or department after approval from the Administrative Director and from their industrial supervisor.
- 11. An individual's keys may be checked at any time to ensure that appropriate keys are being utilized as assigned.
  - 11.1 Employees are required to turn in their keys at any time when requested.
  - 11.2 Keys are not the property of the individual but are the property of the Utah State Hospital.

## Chapter 7

### Safety

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#### POLICY

A medication/treatment room checklist is completed for each medication and/or treatment room located on a patient care unit.

#### PROCEDURE

1. All medication/treatment rooms are monitored at least monthly.
  2. All medication/treatment rooms are checked for refrigeration, safety hazards, environment, emergency equipment, and medications.
  3. All medication/treatment rooms are cleaned at least weekly or more often when needed.
  4. A medication/treatment room checklist is completed for each room on a monthly basis. The original is kept on the unit.
  5. Medication/treatment room checklists are kept on file for a minimum of one year in an easily accessible manner.
- 8-87;1-94; 5/98; 8/01 medroom.pol

## Chapter 7

### Safety

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#### POLICY

Patient census verification is checked and updated daily on each patient treatment unit. The census verification sheet is used as an hourly patient roll to verify the presence of patients on each unit.

#### PROCEDURE

1. The Unit RN on night shift checks the computer census verification for patient list accuracy.
  - 1.1 The Unit RN on night shift updates the census verification on the computer, i.e. home visit, trial leave, elopement, medical separation, court visits, admission or discharge of patients is noted on the verification screen.
  - 1.2 The Unit RN on nights prints off a 24 hour patient verification roll sheet after midnight to be used the next day beginning at 0700.
  - 1.3 If a change occurs and is not recorded on the computer within the 24 hour reporting period that it occurred, the Unit RN e-mails the change to medical records and medical records makes the change in the census verification.
2. The Unit Administrative Director verifies the accuracy of the census verification the following work day.
3. The patient verification rolls are gathered and retained by the Unit Nursing Director for three months.

2/03; 04/03 census verif/roll.pol

## Chapter 7

### Safety

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## POLICY

The Utah State Hospital maintains a safe environment for patients, employees, and visitors.

## PROCEDURE

1. The environment at the Utah State Hospital is kept safe for patients, employee, and visitors through several mechanisms that include, but are not limited to, Life Safety Committee and Infection Control Committee.
2. Life Safety Committee makes routine inspections of all areas of the Hospital to assess for any unsafe areas. When items or areas are found to be out of compliance, the committee channels the information to the correct department for correction or repair.
3. Infection Control committee monitors all areas of the Hospital and holds inservices with each area of the Hospital to correct the deficiencies found during the surveillance.
4. When an injury occurs with a patient, Hospital Risk Management reviews the incident and identifies problems that must be corrected.
5. When an employee is injured, an industrial injury form is completed within 24 hours. A nurse assesses the injury and the employee is sent to an outside provider if the injury is significant. Hospital Risk Management monitors these incidents to provide a method for corrections of identified problems.
6. When a visitor is injured, the visitor is sent to an outside provider for care. Hospital Risk Management follows up on such incidents with the visitor and also identifies any problem areas.

1/94; 5/98; 8/00 ptsafety.pol

## Chapter 7

### Safety

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#### POLICY

All nursing discipline personnel are trained in safety intervention techniques and Psychiatric Technicians are competent in physical violence intervention techniques. . (See USH:OPP Special Treatment Procedures Chapter Section 8 Safety Intervention Techniques Training)

#### PROCEDURE

1. All new employees are taught the Safety Intervention Training course.
  - 1.1 Employees are required to pass a competency test at the end of their training.
  - 1.2 Employees who do not pass their test are required to re-take the training and test.
2. All employees are required to attend the annual mandatory inservice on violence prevention.
  - 2.1 Non-direct patient care staff may be required to attend a modified SIT training as determined by their supervisor.
3. SIT training emphasizes the theories of verbal intervention and escape techniques as outlined in the SIT manual.
  - 3.1 Physical intervention is used only as a last resort and only by personnel trained in hospital approved techniques.
4. Trained staff members use the bite release, hair pull release, and the choke hold release as explained in the SIT manual.
5. Approved wrist-lock holds are used only by security staff. (Exceptions to this policy allow staff to use a wrist-lock hold as outlined in SIT training and include hair pulls, life-saving measures, and a patient with a weapon.)
  - 5.1 This technique is not used on the Children's or Geriatric units.
  - 5.2 This technique is used only when two or more staff are present.
6. When verbal intervention and/or the above techniques are not effective in calming a patient, other restraining procedures can be employed which include wall restraining, floor restraining or modified take down procedures as taught in the physical intervention training portion of SIT.
7. If unit staff continue to have difficulty de-escalating the patient, Security may be called to assist.
  - 7.1 When Security personnel arrive on the scene, they guide the staff through the process of implementing safety technique procedures based on their training and expertise in handling security issues.
  - 7.2 Physical restraint is initiated only when the nurse in charge determines that such intervention is necessary for the safety of the patient, staff, and/or others.
8. The RN is accountable for all situations that occur on the unit and is responsible to make or delegate decisions regarding the use of safety intervention techniques.

9. Personnel involved in an incident which requires safety intervention techniques document a description of the incident and the types of interventions used in the progress notes of the patient's record.
10. The goal of the nursing discipline is to maintain the least restrictive setting for each individual patient. When a patient becomes agitated, methods of intervention range from the least restrictive; i.e, verbal intervention to the most restrictive; i.e., seclusion on a continuum. For more detailed information refer to Section IX: Special Treatment Procedures.
11. Staff involved in a situation where safety intervention techniques were employed are encouraged to process the event to evaluate areas of strengths and areas that could be improvement.  
1-89; 1-94 ;9-95; 5/98; 8/00; 1/01; 04/04 sit..pol

## Chapter 7

### Safety

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#### **POLICY**

Utah State Hospital employees are expected to use state resources honestly and to follow the Department of Human Services Code of Ethics. This includes respect for other hospital employee and patient belongings. In accordance with the Division of Finance Employee Theft or Financial Impropriety policy, FIACCT 05-11.00, problems or potential problems involving employee theft or financial impropriety are immediately reported to the appropriate hospital personnel (see below). Disciplinary action will be taken in the event of a violation resulting in personal gain, harm, or loss to another employee, the state, or a client. (See USH:OPP Risk Management Chapter Section 5 Reporting Abuse, Theft and Criminal Activity)

#### **Definitions**

1. Theft: Obtaining or exercising unauthorized control over the property of another.
2. Financial Impropriety: Misuse of state funds for personal gain or other inappropriate activities.

#### **Procedure**

1. Reporting and investigating employee theft or financial impropriety which appears to involve \$50.00 or more:
  - 1.1 When an employee theft or financial impropriety, which appears to involve \$50.00 or more, is suspected or occurs, it is reported immediately to the Hospital Director of Safety Management, the Hospital Security Supervisor, or the Hospital Legal Services Manager. The Hospital Legal Services Manager reports the incident to the Director of the State Division of Finance and to the Attorney General's Office.
  - 1.2 The Safety Management Office investigates promptly and thoroughly actual or suspected incidents of employee theft or financial impropriety which appear to involve \$50.00 or more. The supervisor or manager of the area in which the incident occurred facilitates and participates in the investigation as necessary.
    - 1.2.1 Investigation findings are documented and forwarded to the Hospital Legal Services Manager.
    - 1.2.2 The Hospital Legal Services Manager reports investigation findings to the Director of the State Division of Finance and the Attorney General's Office.
2. Reporting and investigating employee theft or financial impropriety which appears to involve less than \$50.00:
  - 2.1 When an employee theft or financial impropriety, which appears to involve less than \$50.00, is suspected or occurs, it is reported immediately to the Hospital Director of Risk Management, the Hospital Security Supervisor, or the Hospital Legal Services

Manager.

- 2.2 The Safety Management Office investigates promptly and thoroughly actual or suspected incidents of employee theft or financial impropriety which appear to involve less than \$50.00. The supervisor or manager of the area in which the incident occurred facilitates and participates in the investigation as necessary. Investigation findings are documented and forwarded to the Hospital Legal Services Manager.
3. Police involvement in investigations of employee theft or financial impropriety:
  - 3.1 When any incident of employee theft or financial impropriety is reported, it is the responsibility of the Hospital Director of Safety Management to involve the local police authorities when deemed appropriate. If the Director of Safety Management makes the decision to not involve the police, such decision is supported by documentation.
4. Action taken in the event of employee theft or financial impropriety:
  - 4.1 Disciplinary action is taken in accordance with DHRM (Department of Human Resource Management) Rules in the event of a violation resulting in personal gain, harm, or loss to another employee, the state, or a client.
    - 4.1.1 Disciplinary action includes but is not limited to: reprimand, verbal warning, corrective action, suspension, demotion or termination, and legal action.
    - 4.1.2 In the event that disciplinary action is not taken, the reasons for not taking such action are documented in the employee record.

5/98; 8/00 theft.po

## Chapter 7

### Safety

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#### POLICY

In accordance with UCA 78-14a-102, the Utah State Hospital makes reasonable effort to notify persons who are the subject of a threat made by a patient residing at the hospital, or when a victim requests to be notified of a patient's discharge. (See USH:OPP Manual Risk Management Chapter Section 6)

#### PROCEDURE

1. Whenever a patient communicates to a staff member an actual threat of violence toward an identifiable, or reasonable identifiable person, that staff member documents the threat in the chart and reports it to the Legal Services Manager/designee and Unit Administrative Director. The Legal Services Manager or designee notifies a law enforcement officer or agency.
  - 1.1 A victim may also request that he/she be notified when a patient is away from the hospital or is discharged.
2. The Legal Services Manager/designee makes reasonable effort to contact the person or persons who are the subject of the threat and then notifies a law enforcement officer or agency. Documentation of the attempts and contact will be kept by the Legal Services Manager/designee initially and placed in the patient's permanent chart after six months.
3. The unit administrative director or designee informs the unit of the person or persons to be notified should the patient elope, go on a home visit, go on therapeutic leave, or be discharged.
  - 3.1 The Tarasoff Warning is placed on the outside of the patient's working chart by the Unit Administrative Director/designee.
4. Prior to a patient going on a home visit, going on therapeutic leave, or being discharged, the Unit Administrative Director is responsible to contact those persons listed on the Tarasoff Warning.
  - 4.1 The Unit Administrative Director may delegate this responsibility if necessary.
  - 4.2 In the event that the patient elopes, the Unit Administrative Director/designee is responsible to contact those persons listed on the Tarasoff Warning as soon as reasonably possible.
    - 4.2.1 In the event that the patient elopes after regular working hours, on a weekend, or on a holiday, the unit is responsible to notify the psychiatrist on-call and the administrator on-call who then designate a staff member to contact those persons listed on the warning.

5. Notification of those persons listed on a Tarasoff Warning is documented in the chart and a copy is provided to the Legal Services Manager/designee.  
Taken from USH:OPP 10/00

**POLICY:** Utah State Hospital maintains the patient chart as a legal document: it is subpoenaable and is a permanent record.

**PROCEDURE:** Guidelines to writing notes:

- 1.1 Name of patient written or via embossed card on each page of the record with the patient's hospital number.
- 1.2 All lines of the blue progress notes sheet are used. Unused lines have a horizontal line drawn across the sheet.
- 1.3 The date and exact time of the entry appears.
- 1.4 The signature of the person making the entry (the first name, last name and title) appears at the end of the entry. This must be the legal name and no nicknames.
- 1.5 Entries are made with a ballpoint pen in black ink.
- 1.6 Correct any errors in progress notes by drawing a line through the error, writing the word "error" above the error and placing brackets around the error, with the initials of the person making the correction.
- 1.7 Late entries are written on blue progress notes with the date actually written. An asterisk indicates that additional information follows on date of entry and date entry due.
- 1.8 Information is added to typed pages by using the date, legal signature and information to be added.
- 1.9 Typed material may only be crossed out with the above method for correcting an error, i.e. single line through the error, "error" written above the error and the initials of the person correcting the error, date of correction and signature.

7/83; 9/93, 1/94; 5/98; 8/00 charting.pol

## **Chapter 8**

### **Documentation**

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**POLICY:** All Utah State Hospital employees, volunteers, and students are responsible for maintaining the confidentiality of all patient information as confidential information. (See USH:OPP Medical Records Chapter Section 2: Confidentiality and Disclosure and Patient Rights Chapter Section 1 Patient Rights)

#### **PROCEDURE**

1. New employee orientation includes education on the importance of patient rights and confidentiality.
2. Members of the nursing discipline do not share patient information with non-employees of USH.
  - 2.1 Information shared within USH is on a need-to-know basis only.
  - 2.2 All patient inquiries are channeled through medical records.

3. Nursing discipline employees do not discuss hospital and patient issues with news media.
  - 3.1 All inquiries are channeled through the Public Relations Officer. (See Official Communication Policy & Procedure, Personnel Management and Nursing Administration)
4. The staff nurse may share pertinent medical information with outside providers only as indicated by physician orders and/or in emergency situations.
  - 4.1 On a medical separation transfer, copies of the following information accompanies the patient:
    - 4.1.1 Continuity of nursing care sheet (yellow card stock)
    - 4.1.2 Current page of the Physician=s orders
    - 4.1.3 Pertinent lab tests/results (most recent)
    - 4.1.4 History and Physical (most recent) to include the 90-day update medical note.
    - 4.1.5 Pertinent medical progress notes for the last 24 hours
    - 4.1.6 Nursing emergency transfer sheet
    - 4.1.7 Medication sheets (allergies highlighted)
    - 4.1.8 Chart cover personal information sheet
    - 4.1.9 Advance directives
    - 4.1.10 Immunization record (children only)
    - 4.1.11 Consent to Invasive Medical Treatment form
5. Nursing students and volunteers do not share patient information with personnel outside the specific unit to which they are assigned.
  - 5.1 Nursing students do not discuss hospital and patient issues with non-employees, including family, friends, or media personnel.
6. Nursing students may use patient data for assignments, but cannot use names or other identifying data.
  - 6.1 Patients may refuse student access to his/her medical record.

12/87; 10/88; 9/93; 4/98; 9/03 confid.pol

## **Chapter 8**

### **Documentation**

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#### POLICY

The nurse, as a member of the multidisciplinary treatment team, is an active part of patient discharge planning.

#### PROCEDURE

1. In preparation for discharge, the patient's continuing care needs are assessed.
2. The nurse makes recommendations to the treatment team concerning needed referrals for care after discharge.
3. The nurse completes the nursing discharge summary upon discharge of the patient.
  - 3.1 The patient or significant other reviews the form and then signs it.
  - 3.2 The yellow copy of the form accompanies the patient.

12-88, 1-91; 9/93; 5/98; 8/01 dcplan.pol

## Chapter 8

### Documentation

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#### POLICY

Patients receive all treatments, medications, and services ordered on the physician's order sheet.

#### PROCEDURE

1. Hospital psychiatrists, physicians, and nurse practitioners write their orders for treatment, medications, clinic appointments, and/or outside provider services on the physician's order sheet.
2. All orders are signed off in black ink by the Unit Clerk, LPN, and/or RN with a straight line under the last line of the order and up the left hand side of the order. At the bottom of this line, the person signing off the order must write first name, last name, title, date, and time.
3. All orders are verified by an RN within 4 hours.
4. There must be 2 signatures signing off all physician's orders with at least one signature that of an RN.

7/89; 9/93; 5/98; 8/00 mdordersht.pol

## Chapter 8

### Documentation

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#### POLICY

A nursing care plan is developed (through use of the nursing process) as a part of the multidisciplinary treatment plan for each patient.

#### PROCEDURE

1. Upon admission a nursing assessment is completed on each patient. This is completed within 8 hours of admission. (See Nursing Assessment p/p)
2. At the time of admission the registered nurse makes a note in the progress notes.
3. Within 72 hours of admission the registered nurse completes the nursing portion of the provisional individual comprehensive treatment plan (ICTP) focusing on the patient's major psychiatric and medical problems.
4. Within 14 days of admission a formalized nursing care plan is completed in the ICTP on each patient. The care plan incorporates problems identified on the individual comprehensive treatment plan (ICTP), but focuses on specific behaviors within the overall problems.
5. The nursing care plan is reviewed and updated as the patient's condition changes.
6. Weekly nursing progress notes focus on the problems identified on the nursing care plan and include recommendations for patient improvement and/or change.
7. The nursing care plan includes patient education and discharge planning, and identifies problems in physiologic, psychologic, safety, and

infection control areas.  
7-86; 9/93, 1/94; 5/98; 8/00 ncp.pol

## Chapter 8

### Documentation

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#### POLICY

Staff RN's at USH may formulate nursing orders to be carried out by the nursing discipline that are within the scope of nursing practice, consistent with the patients' nursing care plans, and designed to identify specific nursing treatment modalities.

#### PROCEDURE

1. Through use of the comprehensive nursing assessment and care plan, specific modalities that are completed on a routine basis may be identified and used as "nursing orders."
  2. Examples of nursing orders may be "encourage fluids;" "check circulation in left hand every shift;" "assist patient with oral hygiene 0730, 1200, and HS;" "turn every two hours;" "lotion to bony prominences every shift;" "careful medication watch 0730, 1130, 1630, and HS;" "Two-hour watch for vomiting after each meal;" "clip finger and toe nails each month;" "orient to time, place, and person every shift;" "wake twice per night to void;" "humidifier qhs;" etc.
  3. Nursing orders may be written on the physician's order identified by N.O. and the staff RN's signature only;  
-or-
  4. Nursing orders may be included only on the Kardex with a time schedule.
  5. All nursing orders are included in the nursing care plan or ICTP.
  6. All restrictions, staff watches, etc. must be approved by attending psychiatrist or OD.
  7. Patient progress regarding the nursing orders are documented in weekly nursing progress notes.
  8. Any time a nursing order is discontinued or changed, a timely progress note is completed reflecting the change.
- 12/88; 9/93; 5/98; 8/00 nursorder.pol

## Chapter 8

### Documentation

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**POLICY:** Progress notes are written in each patient's chart on a regular schedule.

#### **PROCEDURE:**

- 1.1 RN progress notes must be completed for each patient on admission, weekly, and upon discharge.
- 1.2 An RN must complete incidental progress notes on patients when there is a change in the patient's condition or there is a significant occurrence in the patient's treatment.
  - 1.2.1A progress note is required when a PIRs is completed.

- 1.2.2A progress note is required when a patient is restricted from the normal milieu of the unit.
  - 1.2.2.1 When a patient requires restraint or seclusion the RN must document an assessment of the patient.
    - 1.2.2.1.2 While a patient is in seclusion and/or restraint the RN must document the patient's condition in the progress notes q hour.
  - 1.2.2.2 A progress note is required when a patient returns from a restriction back into the normal milieu of the unit.
  - 1.2.2.3 When a patient is released from restraint or seclusion the RN must document the patient's condition.
  - 1.2.2.4 When a patient is on Direct Observation Status or on a 1:1 staff watch, the RN documents the patient's condition in the progress notes q shift.
- 1.2.3A progress note is required when there is change in the medical condition of the patient.
  - 1.2.3.1 When a patient requires medical intervention from an outside provider the RN must document an assessment of the patient before the patient leaves the hospital and again when the patient returns to the unit.
- 1.3 An RN must complete a progress note when a patient is transferred to another unit and include the patient's present status, reason for transfer, method of transfer, and belongings accompanying the patient.
  - 1.3.1 An RN must document an assessment of a patient when receiving the patient from another unit.
- 1.4 RN weekly progress notes are completed on the Weekly Nursing Assessment form and include the following information:
  - 1.4.1 patient treatment plan progress
  - 1.4.2 program status
  - 1.4.3 patient education
  - 1.4.4 psychiatric assessment
    - 1.4.4.1 special treatment interventions used
  - 1.4.5 medications
  - 1.4.6 nutrition
  - 1.4.7 medical
  - 1.4.8 other issues to address.
- 1.5 LPN's write incidental progress notes related to noted effects of medications administered and/or treatments provided to the patient by the LPN.
  - 1.5.1 A progress note is made after a PRN Medication is administered noting the effects of the medication given.
  - 1.5.2 The LPN makes a progress note when there is a noted change in the patient related to medications or treatments given.
    - 1.5.2.1 A progress note is made when side effects of medications are noted.
- 1.6 Psych Techs complete a progress note for each patient on every shift.

Night shift psych techs document on any pertinent behavioral/clinical issues.

1.6.1 The progress note is a narrative of the patient's significant behaviors and conversations during the shift assigned.

1.6.2 The progress note on each shift also includes any patient teaching done by the Psych Tech during the shift or is documented on the patient teaching form in the chart.

7/83; 9/93, 1/94; 5/98; 8/00; 02/03. prognote.pol

#### POLICY

Adult patients (18 years and older) residing at the Utah State Hospital are entitled to certain due process proceedings prior to being administered medication treatment against their will. (See USH:OPP Special Treatment Procedures Chapter Section 6 Medication of Adult Patients for complete policy and procedure)

#### PROCEDURE

1. In order to assess the patient's ability to give informed consent, the physician explores the adequacy of information given to the patient, the patient's comprehension of that information, and the patient's ability to voluntarily participate in a treatment program.
2. The patient is given a completed Proposed Medication Treatment Information form, which includes the following information:
  - 2.1 the patient's diagnosis;
  - 2.2 the recommended medication treatment, the method of administration;
  - 2.3 the desired beneficial effects of the patient's mental illness as a result of the recommended treatment;
  - 2.4 the possible and/or probable mental health consequences to the patient if the recommended treatment is not administered;
  - 2.5 the possible side-effects, if any, of the recommended treatment; and
  - 2.6 the right to give or withhold consent for the proposed treatment.
- 2.6.1 When informing a patient of his or her right to withhold consent, the patient must also be informed of the hospital's right to initiate a medication hearing and have a committee determine whether the proposed treatment is necessary.
3. If it is determined that the patient is able to give informed consent and the patient wishes to do so, a Consent to Medication Treatment form is completed and filed in the medical record. A copy is provided to the Legal Services Office.
  - 3.1 A patient may revoke his/her consent to medication treatment at any time by informing the staff and/or signing a Notice of Revocation form.
4. If the patient is able to give consent but refuses to do so, or is not able to give consent, the staff may initiate a Medication Hearing.
5. A patient may be involuntarily treated, including treatment with medication for a mental disorder under emergency circumstances when

a qualified physician has determined the patient is likely to cause injury to him/herself or to others if not immediately treated.

- 5.1 The treating physician certifies that he or she is of the opinion that the patient is likely to cause injury to him/herself or others if not immediately treated. The certification is documented in the Physician's Orders section of the working chart.
- 5.2 Involuntary treatment in exigent circumstances may be continued for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period, the patient is not involuntarily treated unless a "Notice to Convene a Medication Hearing" form has been prepared and provided to the patient pursuant to the provisions of this policy. If, at any time, the treating physician determines that medication is no longer necessary, the medication is discontinued.
6. When a patient is admitted to USH and is already receiving medication treatment, the admitting physician certifies that continuing such treatment is appropriate only if the patient is gravely disabled and in need of continuing the medication treatment because the patient suffers from a mental illness such that the patient is in danger of serious harm resulting from a deficiency of essential human needs of health or safety or without medication treatment the patient would manifest severe deterioration in routine functioning evidenced by repeated and/or escalating loss of cognitive or volitional control over his/her actions and, without the continuation of such treatment, the patient will not be receiving such as is essential for his/her health or safety or without continuing the medication treatment, the patient would pose a likelihood of serious harm to the patient, others, or their property.
  - 6.1 Within a reasonable time after admission and not exceeding 14 days, the attending physician should propose a new or continuing medication treatment, if appropriate.
7. If a patient is able to give informed consent to medication treatment, but refuses to do so, or if the patient is unable to give consent, the treating physician may request a Medication Hearing be held to determine if medication treatment is necessary.
8. The patient's case is reviewed by the Hospital Clinical Director/designee every 12 months.

5/98; 8/01 adultmed.pol

## Chapter 9

### Special Treatment Procedures

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1. Electroconvulsive treatment (ECT) must be ordered by a USH Medical Staff Member.
2. ECT treatments are administered to children or adolescents under the age of 18 years, only when the following are present in the clinical record.
  - 2.1 Signed informed consent from patient and guardian.
  - 2.2 The reports of two psychiatrists appointed by the clinical director, who are not directly involved in the treatment of the individuals who have examined the individual, and documented their concurrence with the decision to administer such therapy.
3. Prior to ECT, the physician administering the ECT completes the following with the patient, as well as members of the family or legal guardian:
  - 3.1 Physicians assessment of patient's ability to give informed consent for ECT;
  - 3.2 Form entitled: "ECT Treatment Plan,"
  - 3.3 Form entitled: "Informed consent for ECT".
4. A consent for ECT is signed by the patient and if possible, the next of kin.
  - 4.1 If a minor or incompetent patient is being treated with ECT, a parent or legal guardian must sign the consent.
5. The physician administering the ECT provides informed consent and witnesses the patient's signature.
6. As a prerequisite to ECT, each patient MUST have:
  - 6.1 A complete physical examination, including a psychiatric evaluation and assessment of cognitive function.
  - 6.2 CBC, chem-20, and other lab evaluations as clinically indicated.
  - 6.3 EKG on all patients over age 50 and as clinically indicated.
  - 6.4 Chest x-ray when clinically indicated.
7. For each ECT rendered, the administering physician records the patient's response to ECT in the patient's medical record.
8. Any deficiency in pre-ECT requirements, including patient preparation, is referred to the attending physician for resolution and/or decision prior to ECT administration.

2/97; 3/98; 8/01

## Chapter 9

### Special Treatment Procedures

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#### PROCEDURE:

##### 1. PRE-ECT CARE

Responsibility	Action
Unit RN	

- A. Reviews patient's medications for agents that may interfere with the effectiveness of ECT and notifies the treating physician if the patient is taking any of the following: Ativan (lorazepam), Centrax (prazepam), Dalmane (flurazepam), Depakene (valproic acid), Depakote (divalproex), Dilantin (phenytoin), Halcion (triazolam), Felbatol (felbamate), Klonopin (clonazepam), Librium (chlordiazepoxide), Neurotin (gabapentin), Phenobarbital, Restoril (temazepam), Serax (oxazepam), Tegretol (carbamazepine), Tranxene (clorazepate), Valium (diazepam), Xanax (alprazolam).
- B. Checks to see that the MD or the Treatment Coordinator has given the patient/family the opportunity to view ECT video and has given the ECT patient/Family Education packet to the patient and family.
- C. Maintains patient NPO at least six hours pre ECT and documents.
- D. Has patient void prior to ECT.
- E. Records vital signs prior to ECT.
- F. Administers pre-ECT medications ordered.
- G. Completes pre-ECT check list.
- H. Refers any deficiency in pre-ECT requirements, including patient preparation, to the Attending Physician.

## 2. POST-ECT CARE

Responsibility      Action

Unit RN

- A. When the patient arrives back on the unit record the vital signs, repeat in 30 minutes, then q 1 hour x 2, and q 4 hour x 3.
- B. Report any change in patients vital signs of more than 30 percent from stable pre-ECT values to attending psychiatrist or psychiatric house officer for evaluation and appropriate action.
- C. Document and report problems with confusion, unsteadiness, headache, or nausea to attending psychiatrist or psychiatric house officer for evaluation and appropriate action.
- D. Orients patient to time, place, and person in the environment and the situation.

2/97; 3/98; 8/01 ect.pol

## **PRE-ECT CHECKLIST**

Date /Treatment No:

Medications given in AM prior to ECT (Yes or No)

Medications:(Name)

Time Given/Route:

Vital Signs (BP/TPR)

Weight

### PRE-TEST CHECKLIST

NPO Since midnight (except for medications noted above).

EKG in Chart (Yes or No)

Voided: (Yes ) Time

Glasses, jewelry, makeup, gum removed ( Yes or No)

Consent signed ( Yes or No)

NURSES SIGNATURE and Unit:

**INSTRUCTIONS: Complete all the above items prior to sending patient to UVRMC for Electro-Convulsive Therapy**

3/98; 8/01 ectcklst.wpd

## **Chapter 9**

## **Special Treatment Procedures**

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### **POLICY**

Utah State Hospital will strive to eliminate the use of seclusion and restraint by achieving better understanding of patients and providing more therapeutic interventions.

1. When a patient is agitated or upset and exhibits a potential for causing harm to self or others, the least restrictive alternative to restraint and/or seclusion is considered.
2. Safety devices used to support physically incapacitated patients, such as orthopedic appliances, surgical dressings, bandages, and posey belts used to prevent patients from falling out of wheelchairs, shower chairs, or beds are exceptions to Special Treatment Procedures, and are not regarded as restraint or seclusion procedures. (See Nursing Policy and Procedure Manual.)

### **PROCEDURE**

1. Less Restrictive Alternatives: Less restrictive alternatives include, but are not limited to:
  - 1.1 Use of deescalation procedures collaboratively identified by the patient and staff.
  - 1.2 Natural/Logical Consequences, Restrictions, or Limit Setting: Therapeutic community rules and/or individualized patient programs are negotiated through patient and staff involvement. Application of these firm limits and natural/logical consequences precedes, and may

avoid the need for, restraint or seclusion.

- 1.3 Time-Out (TO): Time-out is brief, voluntary time in an unlocked room of a patient who is extremely anxious or acting out. The purpose is to minimize stimulation in order to allow the patient to calm down without having to use more restrictive alternatives. Each time-out is recorded in the progress notes documenting rationale for the use of time-out and the length of time patient spent in time-out.
- 1.4 One-to-One (1:1): The staff member must remain with the patient, within a reasonable distance as required by the circumstances, at all times. A 1:1 requires a doctor's order stating the rationale for its use. An RN may initiate a nursing order for a 1:1 based on a nursing assessment; the RN must call physician or OD for formal order. A 1:1 requires the RN to make a blue note at least once a shift indicating the patient's status. Nursing personnel are also required to complete the Hourly Check Sheet. A staff member assigned to do a 1:1 watch is not to leave their 1:1 patient assignment until the RN has assigned another staff member to do the watch and that staff member is present to relieve them.
- 1.5 Direct Observation Status (DOS): DOS requires that staff maintain continuous direct visual observation of the patient. The patient's head and hands must be in full view. DOS requires a doctor's order which shall include the rationale for DOS. A DOS order does not limit a patient to a specific area. If the patient is to be confined to a room or area, an order for area restriction must be written. If 15 minute checks or area restriction is necessary, a separate order for each is required. Patients on DOS are to be involved in treatment and programming to the extent possible. The patient to staff ratio for DOS watch is to be determined by the unit staff. However, the ratio is not to exceed one (1) staff per six (6) patients. Each patient on DOS is to have a regular room assigned where belongings may be stored. The RN writes a note about the DOS patient on each shift. The note should include a statement about the reason for the patient being on DOS. A staff member assigned to do a DOS watch is not to leave the watch assignment until the RN has assigned another staff member to do the watch and that staff member is present to relieve them.
- 1.6 Area Restriction (AR): AR is the restriction of a patient to a given area within the patient community or restriction of the patient's access to a certain area. AR requires a doctor's order including the rationale for the order. An area restriction order is not to exceed seven (7) days without renewal. If the patient leaves the assigned area, staff must directly supervise him or her. Patients on AR are to be involved in treatment and programming to the extent possible. If DOS and/or 15-minute checks are necessary, a separate order for each in addition to the area restriction order is required. A note about the patient on AR

is to be written by the RN each shift. The note should include a statement about the reason for the patient being AR.

2. The above interventions may be initiated by the RN on the unit. The RN must obtain an order from the physician on a 1:1, DOS, or AR within one hour of the initiation of the intervention.
3. These less restrictive alternatives shall not be used as punishment or for the convenience of staff.

5/98; 9/00; 10/00; 08/01; 07/02 Taken from USH:OPP lessrestrict.pol

## Chapter 9

# Special Treatment Procedures

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### POLICY:

Restraint and seclusion are used only as safety measures of last resort and only in emergencies. A patient's rights, dignity, and well-being are protected during and after the use of seclusion or restraint. (See USH:OPP Special Treatment Procedures Chapter Section 3: Restraint and Seclusion)

### DEFINITIONS:

1. Restraint is any involuntary method of physically restricting a person's freedom of movement, physical activity, or normal access to his or her body. Application of a medical safety device is not considered a psychiatric restraint.
2. A Medical Safety Device is one which is applied for the purpose of preventing unintended Injury.
3. Seclusion is the involuntary confinement of a person alone in a room away from the patient community where the person is physically prevented from leaving.
4. Emergency is a dangerous situation in which there is imminent risk of a patient physically harming himself/herself or others.

### PROCEDURE

Restraint and/or Seclusion are implemented under the following procedures:

1. Attending Psychiatrist or Designee:
  - 1.1 Conducts a clinical assessment of the patient to ascertain that the restraint and/or seclusion is necessary and that an emergency exists. If the physician is not present the unit charge nurse performs this assessment and reports it to the physician.
  - 1.2 The attending or on call physician writes an order authorizing restraints and/or seclusion using the Physician's Orders Form (USH 44-0182), when the procedure is implemented. The order includes, but is not limited to:
    - 1.2.1 Date and time;
    - 1.2.2 Start time;
    - 1.2.3 End time;
    - 1.2.4 Requirement(s) for the RN to release the patient early, when discontinuation criteria are met.
  - 1.3 Each patient secluded or restrained has a face to face assessment by a physician within one hour of the initiation of seclusion or restraint.
    - 1.3.1 The report of this assessment includes a description of the current condition of the patient.

- 1.4 At the time of the face to face assessment, the physician:
  - 1.4.1 Works with the individual and staff to identify ways to help the individual regain control.
  - 1.4.2 Makes any necessary revisions to the individual's treatment plan, and
  - 1.4.3 If necessary, provides a new written order.
- 1.5 The Seclusion and Restraint Incident is entered into the Patient Incident Reporting System (PIRS).
  - 1.5.1 Documentation in PIRS is done by the nurse and physician involved.
  - 1.5.2 The RN states in the PIRS report the specific behaviors or symptoms of the patient which necessitated seclusion and/or restraint.
- 1.6 The physician specifies the duration of restraint and/or seclusion within the following limits:
  - 1.6.1 One hour for patients on the Children's Unit.
  - 1.6.2 Two hours for patients on the Adolescent Unit.
  - 1.6.3 Four hours for patients on Adult, Geriatric, and Forensic Units.

2. Hospital Clinical Director or Designee:

- 2.1 The attending psychiatrist or the Hospital Clinical Director/designee takes the responsibility of signing any unsigned orders for restraint and/or seclusion.
- 2.2 All uses of restraint and/or seclusion are reported daily to the Hospital Clinical Director or designee.
- 2.3 The Hospital Clinical Director or designee reviews the use of restraint and/or seclusion and investigates unusual or possibly unwarranted patterns of utilization.

3. Registered Nurse and Nursing Service:

- 3.1 All staff involved in the use of seclusion and/or restraint are appropriately trained and competencies are documented (see Nursing Manual).
- 3.2 A Registered Nurse notifies the attending psychiatrist or the psychiatric officer of the day immediately regarding a patient who may need restraint and/or seclusion. Basic information regarding the patient is provided by the RN as specified in the nursing manual, "Notification of On-call Personnel" (Nursing Manual, Chapter 2: Patient Management).

- 3.3 In an emergency, while awaiting physician assessment, physical restraint or seclusion may be initiated under the direction of a registered nurse.
  - 3.3.1 Whenever the use of seclusion or restraint is initiated by the RN under this provision, the RN contacts the attending psychiatrist or designee immediately so as to obtain an order to allow the psychiatrist time to perform the required in-person assessment within one hour.
- 3.4 Whenever the SSRN is on duty, the RN receiving the order for seclusion or restraint notifies the SSRN immediately.
- 3.5 If authorized by the patient and if family or guardian agrees, nursing staff promptly attempts to contact family to inform them of the initiation of seclusion and/or restraint.
  - 3.5.1 Authorization by the patient does not apply for individuals under age 18.
- 3.6 A clinical assessment of the patient and the order for the use of emergency restraint and/or seclusion is documented in the patient record when the procedure is implemented. The RN entry in PIRS indicates the inadequacy of less restrictive interventions, such as items on the patient's deescalation form.
- 3.7 The Registered Nurse insures that restraint and/or seclusion is used in a manner that does not cause undue physical discomfort, harm, or pain, and documents any possible trauma resulting from the use of restraints.
- 3.8 Nursing staff assist patients in seclusion and restraints.
  - 3.8.1 Staff continuously monitor patients in seclusion or restraint.
    - 3.8.1.1 This monitoring is done in person by an assigned, trained staff member for the first hour of a seclusion or restraint episode.
    - 3.8.1.2 After the first hour, patients in seclusion only may be monitored continuously by audio and visual equipment if the patient prefers or if in the unit charge nurse's judgement this would be consistent with the patient's condition.
    - 3.8.1.3 Treatment unit staff provide a one-to-one watch for patients in restraints in order to protect them from possible harm by other patients. This is performed in person by a staff member in close visual proximity to the patient.
    - 3.8.1.4 Trained staff attend to the individual's physical needs

and safety during seclusion and restraint.

3.8.1.4.1 Items to be addressed include taking and interpreting vital signs, nutrition and hydration needs, circulation and range of motion, hygiene and elimination, psychological status and comfort, reporting situations in which medical personnel should be contacted. (See 15 minute check / debriefing window in PIRS).

### 3.9 Re-applying Original Order:

3.9.1 Expiration of order for seclusion or restraint: If a person placed in seclusion or restraint remains in seclusion or restraint until the time of the order expires, the charge nurse conducts an in-person re-evaluation.

3.9.2 In conjunction with the re-evaluation, if the restraint or seclusion must be continued, a new written or verbal order is obtained from the attending psychiatrist or designee.

3.9.3 The time limits for continued orders are the same as in 1.6.

Example: Two-point restraints, for protection of others. Start time 0830. End time 10:30. RN to release early if calm.

Patient calm and agrees to not strike out at others. Patient released by RN at 0900. Patient attempts to hit another patient at 0910. RN places patient in two-point restraints until 10:30.

3.9.4 The charge nurse re-evaluates the efficacy of the individual's treatment plan and works with the individual to identify ways to help him/her regain control.

### 3.10 Criteria for Release from Seclusion and Restraint:

3.10.1 When a less restrictive alternative becomes an option and/or is effective and seclusion and/or restraint is no longer needed (i.e. PRN medication) the patient may be released from seclusion and/or restraint.

3.10.2 Nursing staff provide assistance to individuals in meeting criteria for discontinuation of restraint or seclusion.

3.10.2.1 Discontinuation criteria are:

3.10.2.1.1 Verbally calm, for example, cessation of threats; and

3.10.2.1.2 Physically calm, for example, pulse and respirations within normal range for this patient, not clenching jaw or fist; and

3.10.2.1.3 Engages with staff appropriately, for example, verbally contracts for safety, no longer angry when

questioned about circumstances that led to the incident; and

3.10.2.1.4 Other criteria which may be specified in the physician's order.

3.10.3 Staff monitoring or assessing the individual in seclusion or restraint make the individual aware of the rationale for these interventions and the behavior criteria for their discontinuation.

3.10.4 The unit charge nurse discontinues seclusion or restraint as soon as discontinuation criteria are met.

3.11 Debriefing After an Incident of Restraint and/or Seclusion

3.11.1 Unit charge nurse, and a patient advocate when available, debrief the patient after an incident of seclusion or restraint.

3.11.2 The debriefing includes the patient's family when appropriate.

3.11.3 The debriefing occurs on the shift in which the seclusion or restraint is discontinued, using the designated form.

3.11.3.1 If the patient has fallen asleep by the time of discontinuation, the unit charge nurse documents this and arranges for the patient to be debriefed upon awakening.

3.11.4 The debriefing addresses what led to the incident and what could have been handled differently.

3.11.5 The debriefing is used to ascertain that the individuals physical well being, psychological comfort, and right to privacy were addressed.

3.11.6 The debriefing arranges for counsel to be provided to the individual for any trauma that may have resulted from the incident.

3.11.7 When indicated, modification to the treatment plan is made.

4. Responsibilities of Unit Clinical Directors, Unit Nursing Directors, and Shift Supervisors:

4.1 Unit Clinical Directors, Unit Nursing Directors, and Shift Supervisors have oversight of clinical responsibilities to monitor the appropriate use and documentation of restraints and seclusion.

4.2 Unit leadership meets within a week of each use of seclusion or restraint to review each incident and make appropriate changes to structure, programming, or treatment plans if indicated in an attempt to avoid further seclusion and/or restraint events.

4.2.1 Unit leadership use patient debriefing information in reviewing

incidents.

5. Protection of Patients in Restraints:

- 5.1 Treatment unit staff provide a one-to-one watch for patients in restraints and/or seclusion in order to protect them from possible harm by other patients. This is done face to face for the first hour and may be done by camera or with the staff member in close visual proximity of the patient after the first hour.

Implemented: 3-25-83

Revised: 3-13-86

Revised: 3-25-88

Revised: 12-13-90

Reviewed: 4-92

Revised: 2-95

Reviewed: 9-95

Revised: 3-96

Revised: 8-97

Revised: 4-00

Revised: 01-01

Revised: 10/03

## **Chapter 9**

### **Special Treatment Procedures**

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**POLICY:** Medical protective devices are employed when necessary to maintain the safety of the medically ill patient.

**PROCEDURE:**

1. Prior to the use of any medical protective device, the RN assesses the patient for the potential for falls or the level of resistance to care due to the patient's medical condition.
  - 1.1 The RN documents this assessment in the progress notes.
2. When the RN determines there is a possible need for use of a medical protective device, the least restrictive method is implemented first.
  - 2.1 The least restrictive methods include verbal intervention and patient teaching, bed rest, diversional activities, PRN medications, one to one monitoring.
3. When none of the least restrictive methods listed in 2.1 are successful in protecting the patient from harm, the RN may initiate use of a medical protective device specific to the patient's need.
  - 3.1 Medical protective devices include:
    - 3.1.1 geriatric chair/wheelchair
    - 3.1.2 soft safety belt around the waist to prevent slipping/falling out of the geriatric chair or bed
    - 3.1.3 vest or poncho or pants to prevent getting out of geriatric chair when safety belt is not sufficient (i.e. Posey)
    - 3.1.4 bed rails
    - 3.1.5 helmet
    - 3.1.6 soft restraint to bed or chair

- 3.1.7table top chair
- 3.1.8padded protective mittens
- 3.1.9heel protectors
- 3.1.10 wrist restraints may be used in circumstances where no other medical device has worked and when documentation supports the necessity of their use.
- 4. When a medical protective device is used, the RN must document the patient's condition at least every hour.
  - 4.1 15 minute check sheets are completed while the medical protective device is used.
  - 4.2 The patient is released from the medical protective device at least every two hours for ROM, ambulation if possible, skin care, and bathroom use.
  - 4.4 Food/fluids are offered every two hours.
- 5. When a medical protective device is used, the RN notifies the medical OD and the psychiatric OD or the unit MD/NP and the unit psychiatrist (if Monday thru Friday day shift) within 24 hours..
- 6. When a medical protective device is used for a specific patient on a regular basis, the use of the medical protective device is included in the patient's ICTP.

4/98; 8/01; 11/02;12/02 medprot.pol

## Chapter 9

### Special Treatment Procedures

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PATIENT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

IMPLEMENTED: \_\_\_\_\_

#### ASSESSMENT

Prior to the use of any medical protective device, the RN assesses the patient for the need based on the following criteria (circle those that apply):

- 1) Potential for fall due to unsteady gait, unsteadiness when doing activities of daily living (ADLs), excessive tremors/seizures, etc. Signs and symptoms may include weakness, dizziness, lightheadedness, vision changes, numbness, significant change in vital signs, diaphoresis, decrease in alertness, confusion, or lethargy.
  - 2) Resistance due to confusion or disorientation when providing medical care, such as brief changes or medical procedures (i.e. blood draws, NG feedings). This does not include any behavioral issues such as hitting, kicking which requires a physician's order for use of seclusion and/or restraints.
  - 3) Other (write in): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**The RN documents the assessment in the progress notes.**

#### LEAST RESTRICTIVE ALTERNATIVES

The RN determines if the above conditions justify the need of a medical protective device based upon the assessment. The following **less restrictive methods** should be attempted, or are not applicable prior to implementation of a medical protective device (check those utilized):

- \_\_\_\_ 1 Verbal intervention and patient teaching. For example, educating the patient about the need for a specific medical procedure (i.e. NG feeding)
- \_\_\_\_ 2) Bed rest
- \_\_\_\_ 3) Diversional activities based upon patient's ability. For example, involving a patient in a card game so that the patient remains sitting instead of being at risk for falling.
- \_\_\_\_ 4) PRN medications
- \_\_\_\_ 5) One to one monitoring by assigned staff member or asking the patient to stay close to the nursing station.

**Before using medical protective devices, the RN must document failure of least restrictive interventions and/or reason they are not appropriate**

#### TYPES OF MEDICAL PROTECTIVE DEVICES

When the RN finds that less restrictive methods are ineffective, the nurse may initiate use of a medical protective device specific to the patient's need. Circle the type(s) of devices to be used:

- 1) Geriatric chair/wheel chair.
- 2) Soft safety belt around waist to prevent slipping/falling out of geriatric chair/wheel chair or bed.
- 3) Vest to prevent getting out of geriatric chair/wheel chair when safety belt is not sufficient.
- 4) Bed rails to prevent falling out of bed.
- 5) Helmet to prevent head injury.
- 6) Soft restraint to bed or chair when confused, unsteady or to prevent interference with medical procedures/equipment.
- 7) Table top chair.
- 8) Padded protective mittens to prevent picking at sutures, rubbing/scratching infected eyes or ears, pulling out nasogastric tubes or IVs, etc.
- 9) Heel protector to prevent abrasions to foot.

#### **DOCUMENTATION**

Once a safety device has been implemented, the following documentation and care guidelines will be carried out:

- 1) The RN assesses the patient's condition and documents appropriateness of continuation of the medical protective device(s) at least every hour. If the medical protective device(s) is no longer necessary, the patient will be released and monitoring will continue as needed.
- 2) 15 minute observation and assessment of the patient's mental status, respiratory status, circulation, skin integrity and general physical condition will be documented on the 15 Minute Check Sheet.
- 3) Every two hours the patient will be released from the medical protective device, offered fluids/food, bathroom use, skin care and ambulation/range of motion (ROM) provided. If the patient's condition warrants continuation of the device, body alignment, circulation checks, ROM, and hygiene will be provided.
- 4) If the device impedes eating independently, provisions are made to ensure that the patient is able to be independent as possible while still ensuring the continuation of medical treatment. For example, if a patient is wearing mittens to prevent pulling out an NG tube, one hand may be released to allow patient to feed self.
- 5) The above information will be summarized at least every hour by the RN in the Progress Notes.
- 6) When the necessity for a different device occurs, the RN will document the rationale for such in the progress notes.

4/98; 8/01

## **Chapter 9**

### **Special Treatment Procedures**

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#### **POLICY**

Utah State Hospital upholds and protects the civil rights of patients in its care. Restrictions and/or limitations are implemented only for "good cause" reasons

and are reviewed periodically for therapeutic effectiveness. (See USH:OPP Special Treatment Procedures Chapter Section 7)

#### PROCEDURE

1. When any right of a patient is limited or denied, the nature, extent, and reason for that limitation is documented in the medical record. (UCA 62A-12-245(2))
2. Restriction may be initiated by the clinical staff if it is determined that such restrictions are necessary for the safety of self or others and for "good cause."
  - 2.1 Restrictions may include, but are not limited to: visitors, mail, telephone calls.
3. Restrictions are implemented with a physician's order and are reviewed every 7 days for therapeutic effectiveness..
4. All such restrictions on visitors, mail, telephone calls, and other forms of communication are fully explained and determined with the participation of the patient/family, upon request.
- 6 Ongoing restrictions must be addressed and evaluated for continuation in the doctors' monthly progress notes.
7. In no case may a patient be denied a visit with or phone call the legal counsel or clergy of the patient's choice. (UCA 62A-12-245(3))
  - 7.1 If a visit is delayed, the reason justifying the delay must be documented.

5/98; 8/01 ptrtsrestr.pol

## Chapter 9

# Special Treatment Procedures

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### POLICY

The use of levels of suicide precautions for patients at Utah State Hospital requires clinical justification, a physician's order, and is employed only to prevent a patient from harming him/herself. A registered nurse may increase the level of observation in emergency situations prior to obtaining a doctor's order. (See USH:OPP Special Treatment Procedures Chapter Section 5 Level of Suicide Precautions)

### PROCEDURE

1. The unit charge RN notifies the attending psychiatrist or psychiatric Officer of the Day immediately regarding a disturbed patient who may need initiation of suicide precautions or whose condition warrants a change in level.
  - 1.1 In an emergency, initiation of suicide precautions may be utilized by a registered nurse. The emergency utilization of suicide precautions may also include moving a patient to a more restrictive level based on the registered nurse's judgment. The registered nurse obtains a psychiatrist's order for the suicide precautions as soon as possible.
2. The RN writes the order for the suicide precautions as ordered by the physician in the patient record when the procedure is implemented.
3. The RN completes a clinical assessment of the patient and documents the assessment in the patient's chart. The progress note addresses the inadequacy of less restrictive intervention techniques.
4. Nursing Service records the use of the levels of suicide precautions in the manner described for each level:
  - 4.1 Suicide Precautions Level I (Most Restrictive):

Criteria: Those patients with suicidal ideation or delusions of self-mutilation who, after assessment by the unit staff, present clinical symptoms that suggest a clear intent to follow through with the plan or delusion.

Examples of patient symptoms: The patient who is currently verbalizing a clear intent and/or plan to harm self; the patient who is unwilling to make a no-suicide contract; the patient with poor impulse control with intent to harm him/herself; the patient who has attempted suicide in the last week by a particularly lethal method, e.g., hanging, gunshot, or carbon monoxide.

Nursing Care: One-to-one continuous nursing observation or restraints with continuous nursing observation always within line of sight in a designated area and within a length (or distance) specified (or designated) by the physician and interaction 24 hours a day. Nursing assessment and documentation completed on every shift by a registered nurse; restriction to the ward.
  - 4.2 Suicide Precautions Level II:

Criteria: Those patients with suicidal ideation and who, after assessment by the treatment team, present clinical symptoms that indicate a higher suicide potential than Level III.

Examples of patient symptoms: The patient with a concrete suicide plan, the patient who is ambivalent about making a no-suicide contract, the patient who has limited impulse control with intent of self-harm, the patient with a suicide attempt or gesture within the recent past.

Nursing Care: Continuous nursing observation in line of sight in a designated area and interaction 24 hours a day, nursing assessment and documentation completed on every shift by a registered nurse, restriction to the ward.

4.3 Suicide Precautions Level III:

Criteria: Those patients who have suicidal ideations and how, after assessment by the treatment team, are assessed to be in minimal danger of actively attempting suicide.

Examples of patient symptoms: The patient with vague suicidal ideation but without a plan, the patient who is willing to make a no-suicide contract, the patient with insight into existing problems, the patient with a previous history of suicide (may have made an attempt within the last thirty days).

Nursing Care: Check patient's whereabouts every fifteen minutes 24 hours a day, frequent verbal interactions during waking hours, nursing assessment and documentation completed on an every-shift basis by a registered nurse, restriction to the unit.

5. Nursing personnel assist in returning the patient to the unit routine as soon as possible.
6. A less restrictive level may be utilized by RN after treatment staff's evaluation. The RN obtains a physician's order for less restrictive levels and documents in progress notes rationale for level change.
7. The physician writes a progress note with a description of the condition of the patient and the reason for authorizing suicide precautions at the time the procedure is implemented or as soon thereafter as is practical, not to exceed 24 hours. The progress note addresses the inadequacy of less restrictive intervention techniques, i.e., medication, staff and/or peer one-to-one contact, time-out, area limitation, or area restriction, and the seriousness of the suicide attempt/plan.
8. The physician specifies the level of suicide precautions and evaluates the order on at least a weekly basis with staff input.
9. All levels of suicide precautions are reported to the Hospital Clinical Director. This would usually be done at the time of the morning staff report.

5.98; 8/01 suicidepre.pol

PROCEDURE:

1. When a physician's order is written for an EKG, the unit clerk or designee notes the order and refers to the list of personnel who can do EKG's.
  - 1.1 A list of personnel who can complete EKG's is available on every unit of the hospital.
2. The unit clerk or designee notifies the person who will perform the EKG.
3. The person performing the EKG takes the patient to the appropriate area for the EKG, completes the EKG, and returns the patient to the unit.
  - 3.1 Areas are identified in the Rampton building, the Hyde building, and at the Youth Center where EKG machines are stored and available for use.
  - 3.2 Unit guidelines are followed in transporting the patient to the necessary area for the EKG.
4. The person who completed the EKG sends the EKG to the Director of Medical Services for interpretation.
5. When the Director of Medical Services completes the interpretation of the EKG, the EKG and it's interpretation are sent back to the appropriate unit for filing in the patient's chart.

3/98; 8/01 ekg.pro

## Chapter 10

### Co-Ordination of Care

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1. When a physician's order is written to perform lab work, the appropriate number code is included with the order.
2. The unit clerk or designee enters the ordered lab tests in the lab tracking book, in MedEdge on the computer, prints the lab order queue and checks for accuracy.
  - 2.1 The unit clerk or designee writes the lab order on IHC's Daily Worksheet (one per day) and completes the IHC Laboratory Services Diagnosis Sheet including patient information, labs to be completed and appropriate diagnosis code.
3. The unit clerk notes the MD/NP's order.
4. The RN verifies the accuracy of the work and co-notes the order.
  - 4.1 Accuracy is verified on the lab tracking form in the order book and initialed.
  - 4.2 Accuracy is verified on the order queue printed from MedEdge, on IHC's Daily Worksheet and on IHC's Laboratory Services Diagnostic Sheet.
5. The Shift Supervisor prints the ordered lab tests from MedEdge and faxes the printed copies to UVRMC to the laboratory before 0100 daily Monday through Friday.
6. The IHC phlebotomist visits each unit to draw blood for appropriate labs under the direction of the unit RN and initials and dates the IHC Daily Worksheet to verify lab work was collected.
  - 6.1 When the phlebotomist has a question about the labs that need to be drawn, he/she clarifies the orders with the Unit RN only.
  - 6.2 The phlebotomist notifies the Unit RN when a patient refuses to have their blood drawn.
  - 6.3 The Unit RN notifies the doctor who ordered the lab work and charts the refusal in lab notes.
  - 6.3 If the lab work was ordered STAT and the patient refuses the blood draw, the Unit RN notifies the on-call physician, if the ordering physician can not be reached, and charts the refusal in lab notes.
  - 6.4 Phlebotomist takes the yellow copy of the IHC Laboratory Services Diagnostic Sheet.
  - 6.5 Unit Clerk or designee keeps the white original of the IHC Laboratory Services Diagnosis Sheet on file until the lab results are filed in the patient's chart.
7. When the unit staff collect lab specimens i.e throat culture, urine, etc.; the specimens are stored on the unit until the phlebotomist collects them.
8. When the lab results are obtained, the laboratory personnel report any critical lab values to the Utah State Hospital immediately.
  - 8.1 Lab personnel report critical lab values by contacting one of the

four individuals listed below:

8.1.1 Nursing Administration Secretary: 344-4253

8.1.2 Assistant Director of Nursing: 344-4220

8.1.3 Director of Nursing: 344-4258

8.1.4 Assistant Clinical Director: 344-4203

- 8.2 The Utah State Hospital employee receiving the lab results gives a confirmation number to the lab personnel and records the number and results in the lab-result log.
- 8.3 The Utah State Hospital employee calls the patient's unit and reports the lab results directly to the Unit RN.
- 8.4 The time, date, and person the lab result was reported to is recorded in the lab-result log.
9. When STAT orders are written for lab tests, the unit clerk or designee calls the digital pager # 351-0072 and enters the telephone number of the unit.
  - 9.1 The phlebotomist calls the unit and arranges for the STAT lab specimen collection.
  - 9.2 On weekends and after hours, the shift supervisor may collect the specimen, place it into the lab box, and have it delivered to UVRMC Laboratory.
    - 9.2.1 The Shift Supervisor or designee notifies UVRMC Laboratory personnel that the hospital is collecting a lab specimen and will deliver it to them.
  - 9.3 The unit clerk or designee writes the name of the RN and the phone number to call (with the results) on the request slip.
  - 9.4 When UVRMC Laboratory calls back with STAT lab values, the values are called directly to the unit where the patient resides.
10. After lab tests are completed, the phlebotomist returns to each unit and puts the lab results in the IHC lab book and initials the IHC Daily Worksheet to indicate that the lab results have been returned to the unit.
  - 10.1 The Unit Clerk marks a line through the appropriate test in the order book on the lab tracking sheet and the IHC Daily Worksheet to indicate the lab results are returned.
11. The lab results are initialed by the MD/NP and the Unit Clerk files the results in the patient chart.
  - 11.1 Until the original lab result sheet is initialed by the psychiatrist and/or MD/NP a copy of the lab results is filed in the patient chart.
    - 11.1.1 When the original lab results sheet is filed in the patient chart, the copy is removed and shredded.

10/00; 11/02; 12/02; 10/03

## **Chapter 10**

### **Co-Ordination of Care**

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1. Each morning (Monday thru Friday) the SSRN collects the lab requests and send them to IHC Laboratory.

2. Enter MedEdge on the computer.
3. Scroll the arrow down to "2. Patient Programs" and press ENTER.
4. Scroll the arrow down to "9. Lab Reports" and press ENTER.
5. Scroll the arrow down to "2. Order List for UVRMC" and press ENTER.
6. The screen reads: Search Parameters or \* for All
 

Unit = :\*  
 Request Date (MMDDYY) = : date needed for labs  
 Order Status = : S

  - 6.1 Delete any other sign by Unit. Only use \*.
  - 6.2 For Request Date enter the date you need the labs done. To enter a date, the Num Lock light must be on your keyboard.
  - 6.3 The S on Order Status must be capitalized.
7. Press HOME--the lab requests should begin to print on the printer.
8. Complete a FAX face sheet with the total number of pages and address to Ken, Jill, Karen at 801-357-7511.
9. Send the face sheet and requests via FAX --9-1-801-357-7511.  
9/98; 10/00 labreqst.pro

## Chapter 10

### Co-Ordination of Care

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1. When Clozaril is ordered, a baseline CBC and EKG are done. The results of the CBC test must be received by the unit before the pharmacy will send the medication to the unit.
2. When a patient is started on Clozaril, the patient is weighed and the weight is recorded in e-chart.
3. A fasting glucometer check is done when the medication is started and every three months thereafter.
4. After Clozaril therapy is initiated, a CBC is done weekly for six months.
5. After six months, if the patient's white count is above 6000, a WBC is done every two weeks.
6. The Lab Tracking form for Clozaril is used to track the above labs.
7. When Clozaril is discontinued, the lab protocol is also discontinued.

9/98; 05/01; 10/02

## Chapter 10

### Co-Ordination of Care

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1. When an atypical antipsychotic , i.e. Risperdal, Zyprexa, Seroquel, and Geodon, is ordered, the patient is weighed and the weight is recorded in e-chart.
2. A fasting glucometer check is done when the medication is started and every three months thereafter.
3. The Lab Tracking form for Atypical Antipsychotics is used to track the above labs.
4. When all atypical antipsychotics are discontinued, the lab protocol is also discontinued.

5/01; 01/02

## Chapter 10

### Co-Ordination of Care

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1. When Coumadin is ordered, a baseline protime, INR, CBC, platelets, kidney function, liver function, and presence of heme in urine and stools are done.
2. After Coumadin therapy is initiated, protime and INR are checked in 3 days, then PRN until a therapeutic level is achieved and then every month thereafter with a log of protime values kept by the unit clerk.
3. After Coumadin therapy is initiated, a CBC and chemistry profile is done weekly X 3, then monthly X 3, and then every three months thereafter.
4. The Lab Tracking form for Coumadin is used to track the above labs.
5. When Coumadin is discontinued, the lab protocol is also discontinued.
6. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

5/00; 01/02

## Chapter 10

### Co-Ordination of Care

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1. When Depakote is ordered, a baseline CBC, AST, and ALT are done. A serum pregnancy test is done on all female patients.
2. After Depakote therapy is initiated, a Depakote level, AST, ALT, and CBC are done monthly X 2, and then every six months thereafter.
3. The Lab Tracking form for Depakote is used to track the above labs.
4. When Depakote is discontinued, the lab protocol is also discontinued.
5. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

9/98, 6/00; 01/02

## **Chapter 10**

### **Co-Ordination of Care Lab**

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1. When Dilantin is ordered, a baseline CBC and chemistry profile are done.
2. After Dilantin therapy is initiated, a Dilantin level is done in one week and then every month thereafter.
3. If there is an increase or a decrease in the dosage of Dilantin, the Dilantin level is checked weekly until the level and the medications are stable.
4. After Dilantin therapy is initiated, a CBC and chemistry profile are done weekly X 3, then monthly X 3, and then every three months thereafter.
5. The Lab Tracking form for Dilantin is used to track the above labs.
6. When Dilantin is discontinued, the lab protocol is also discontinued.
7. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

9/98; 8/01; 01/02

## **Chapter 10**

### **Co-Ordination of Care**

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1. When Lithium is ordered, a baseline CBC with differential, Serum Creatinine, BUN Sodium level, UA, Thyroid screen, Calcium level, Magnesium level, pregnancy test (for females), and EKG are done.
2. After Lithium therapy is initiated, a Lithium level is done in three to five days, in one week, then every other week X 2, then every other month X 2, and then every three months thereafter.
3. If there is an increase or a decrease in the dosage of Lithium, the Lithium level, is repeated in 3 - 5- days and then the protocol above is resumed where it was left off.
4. After Lithium therapy is initiated a BUN, serum creatinine, free T4, Calcium Level, Magnesium level, and TSH are done every six months and an EKG is done every year.
4. The Lab Tracking form for Lithium is used to track the above labs.
5. When Lithium is discontinued, the lab protocol is also discontinued.
6. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

9/98; 8/01; 01/02

## **Chapter 10**

### **Co-Ordination of Care**

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1. When Tegretol is ordered, a baseline CBC, AST, ALT, Iron, and EKG

- are done.
2. After Tegretol therapy is initiated, a Tegretol level and CBC are done in three to five days, then every 5 - 7 days X 2, then monthly X 2, and then every three months thereafter.
  3. If there is an increase or a decrease in the dosage of Tegretol, the Tegretol level and CBC are repeated in 3 - 5- days and then the protocol above is resumed where it was left off.
  4. The Lab Tracking form for Tegretol is used to track the above labs.
  5. When Tegretol is discontinued, the lab protocol is also discontinued.
  6. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

9/98; 8/01; 01/02

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY**

Prolactin levels are drawn to rule out seizures. Because of special requirements for prolactin draws, they have to be done by a phlebotomist from Intermountain Health Care (IHC).

#### **PROCEDURE**

1. A stat prolactin level should be drawn within thirty minutes of a seizure.
2. If an IHC phlebotomist is unable to arrive to draw blood within the thirty-minute timeframe, Utah State Hospital staff does not draw the blood.
3. When the blood draw is not done, the RN documents this in the patient's e-chart record and notifies the physician.

4-15-03; 5/03 prolactinpro

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

Streptococcus A rapid detection tests are performed on the unit by the unit RN/LPN through safe use of the QuickVue In-Line One-Step Strep A test.

#### **PROCEDURE:**

1. All staff RN's/LPN's receive training in the use of the QuickVue One-Step Strep Test after being hired by the hospital and on an annual basis.
  - 1.1 The training is based upon instructions supplied by the manufacturer of the QuickVue Strep tests, which accompany each box of testing supplies.
2. The RN receives an order from the doctor to perform the strep test on a patient.
  - 2.1 Testing supplies are ordered from Central Supply. Central Supply

performs a quality control test when each new box of test supplies is opened, prior to dispensing from that box.

3. Collect throat swab specimen by standard clinical method.
  - 3.1 Be sure to only use the QuickVue swab provided in the kit.
  - 3.2 Put on gloves. Depress the tongue with a tongue blade or spoon. Be careful not to touch the tongue, sides or top of the mouth with the swab.
  - 3.3 Rub the swab on the back of the throat, on the tonsils, and in any other area where there is redness, inflammation or pus.
4. Perform the QuickVue One-Step test.
  - 4.1 Remove the Test Cassette from foil pouch and place on a clean, dry, level surface.
  - 4.2 Using the notch at the back of the chamber as a guide, insert the swab completely into the Swab Chamber.
  - 4.3 Squeeze to crush the glass ampule inside the Extraction Solution Bottle.
  - 4.4 Vigorously shake the Bottle five times to mix the solutions. Solution should be green after the ampule is broken. Solution must be used immediately.
  - 4.5 Remove the cap. Quickly fill the chamber to the rim (approximately 10 drops.)
  - 4.6 Begin timing. If liquid has not moved across the Result Window in 1 minute, completely remove the swab and re-insert. If liquid still does not move across, retest with a new specimen, Test Cassette and Extraction Solution Bottle. The test Cassette should not be moved until the test is complete.
  - 4.7 Read results at 5 minutes. Some positive results may be seen earlier.
5. Interpretation of results.
  - 5.1 Positive result is the appearance of any pink-to-purple line next to the letter "T" in the Result Window, along with a blue Control line next to the letter "C", means that the test is positive for group A Streptococcus.
  - 5.2 Negative result is the appearance of only the blue Control Line next to the letter "C" in the Result Window. A negative test result means that the swab is presumptive negative for group A streptococcus.
  - 5.3 If the blue Control Line does not appear next to the letter "C" at 5 minutes, the test is considered INVALID, and the test result cannot be used. If this occurs, retest using a fresh swab and new QuickVue

Test Cassette or contact Technical Assistance.

6. The RN will call the positive test results to the physician for further orders.

02/02

## **Chapter 10**

### **Co-Ordination of Care**

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02/01

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

Audiology clinic is readily accessible to USH patients.

#### **PROCEDURE:**

1. Physician's orders are required for all referrals to the audiology clinic.
2. A consultation form is filled out by the RNP/MD or RN based upon the RNP/MD progress note and includes rationale for visit and/or suspected pathology.
3. The unit clerk or designee sends an internal consultation form to the CS/X-Ray technician.
  - 3.1 The CS/X-Ray technician calls the audiology department at Utah Valley Regional Medical Center and makes an appointment and then notifies the unit clerk.
  - 3.2 The MD/NP checks the patient's ears to be sure they are clear of all cerumen and cleans their ears if necessary prior to the audiology appointment.
4. The audiologist's report is sent directly to the doctor whose name is on the consultation form.

5/98;01/01;03/02 audiol.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

All patients admitted have an admission dental examination which is repeated yearly. Patients are then seen on a PRN basis. Youth and Children receive dental exams every 6 months.

#### **PROCEDURE:**

1. The dentist is at Utah State Hospital Mondays, Tuesdays, and Thursdays, 0700 to 1700 for regular appointments and is available for emergencies on other days.
2. The Clinics Coordinator is here Monday through Friday, 7:00 a.m. to 3:30 p.m. to make appointments.
3. The chart accompanies the patient to the dental appointment.

4. The dentist or dental assistant completes their documentation requirements in the patients progress notes or dental flow sheet.
  - 4.1 The dental clinic maintains a copy of the patient's dental records.
5. All orders for medication and treatment by the dentist must be approved by the units' medical services personnel.
  - 5.1 The staff RN on duty is responsible to contact the RNP/MD for verification of dental orders.

12-87, 6-90; 4-94; 5/98; 10/00; 02/02 dental.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

Precautions are taken to prevent any unnecessary radiation exposure to patients and staff in the Dental Clinic, at the Utah State Hospital.

#### **PROCEDURE**

1. Gonadal shielding is used on all patients during radiologic exams.
2. Radiologic exposures do not exceed exposure limits established by the Utah Bureau of Radiation Control.
  - 2.1 Radiographic equipment is certified every five years by the Bureau of Radiation Control as meeting established criteria. Negative determinations by the Bureau are addressed as indicated.
3. The Dentist and technician each wear a radiation exposure monitoring badge when performing all radiologic exams.
  - 3.1 The radiation exposure monitoring badges are returned to the manufacturer on a quarterly basis.
    - 3.1.1. Records are maintained by the manufacturer as to the lifetime radiation exposure of the clinic staff.
    - 3.1.2. If lifetime radiation exposures exceed the established threshold, appropriate actions are taken.
4. The clinic staff stand behind a barrier wall when making all exposures.
5. The dental assistant assures that other hospital employees leave the area during radiation exposures.

6-90; 4-94; 5/98; 8/01; 02/02 dental.pol

## **Chapter 10**

### **Co-Ordination of Care**

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To reduce the risk of complications following oral surgery, please read and follow the instructions below

1. Do not rinse your mouth or gargle with anything for the first 24 hours. This is most important to insure proper healing.

Warm salt water rinses are recommended after the first 24 hours, as well as careful brushing after 48 hours.
2. Do not disturb the wound with the tongue or fingers. Bite on the gauze pack provided for ½ hour before changing.

Some oozing of blood is normal following surgery. It can be controlled by applying pressure by biting on the gauze or a tea bag.

3. **PAIN** For extensive oral surgery a prescription for medicine to control any discomfort will be given. Quite often, only minor discomfort is experienced and can be controlled by taking Ibuprofen every 3-4 hours.
4. **INFECTION** If necessary, a prescription for an antibiotic will be given.
5. **SWELLING** Some swelling usually occurs following oral surgery. To minimize this, apply an ice bag over the cheek for 15-20 minutes, then remove for 10 minutes. Do this during the first 24 hours; after that, warm moist packs will aid in having the swelling go down.
6. **DIET** A soft diet of moderate temperature is recommended for the first day or two. Drink large amounts of fluids. Avoid hot, spicy foods. Do not drink fluids with a straw for the first day.
7. Call the dental clinic or the MD/NP if there is unusual bleeding or severe pain or swelling in 2-3 days following surgery.

5/98; 8/01 dental.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **PROCEDURE:**

1. All new patients have an admission dental exam.
  - 1.1 This appointment is made by e-mailing the patient's name to CLINICS.
  - 1.2 The Clinics Coordinator makes the appointment and notifies the unit of the date and time of the appointment.
2. When patients are in need of a dental appointment, a physician's order must be written.
  - 2.1 The unit clerk or designee e-mails to CLINIC to request an appointment.
    - 2.1.1 The Clinics Coordinator calls or e-mails the unit to make the appointment for the dental visit.
  - 2.2 On the date of the dental appointment, the unit clerk or designee marks the physician's order so that it is easily identified for the dental visit and send the chart with the patient to the clinic.

3/98; 5/98; 10/00; 02/02 dental.pro

## **Chapter 10**

### **Co-Ordination of Care**

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1. Patient contact is made by the dietitian on a routine basis. Those patients who are on clinically modified diets are visited when diet order is received. In cases where patient contact is not a feasible solution to the care of the patient, the dietitian works closely with the nursing staff and psych techs to establish and carry out a patient care plan.

2. Diet orders are initiated by the attending physician/nurse practitioner. All diets must be recorded in the patient's record on the physicians order form.
3. Dietetic Services must be notified of only those diets requiring a clinical modification, i.e., diabetic diet, calorie, or sodium restricted diets and modifications in fiber or consistency.
4. All diet orders including nutritional assessments or consultants must be sent to Dietetic Services via e-mail to "Diet".
5. Phone orders will be accepted for one meal only; then the e-mail diet order must be sent. The procedure will be initiated by the nursing staff when there is a new diet or change in existing diet.
6. Each new diet order automatically cancels all previous diet orders. The new order must include any part of the previous order that is still to be continued. If a diet is discontinued, the nursing staff notifies Dietetic Services via e-mail to "diet".
7. Diet instruction will be given upon the request of the attending physician for the patients who are discharged or transferred to another facility. If a patient cannot be instructed, printed copies of the diet and any pertinent information will be sent to the dietary department where he is going.
8. The diet instructions will be given upon notification, i.e., phone call, a written order or memo, from the nursing staff. Requests for instruction must be given to the dietitian at least four hours prior to discharge.
9. Enteral Supplements.
  - 9.1 Diet supplements are provided for nourishment upon written order by the physician/nurse practitioner.
  - 9.2 Boost Plus is the enteral feeding that is available: The principle intent for use of commercially prepared enteral feedings or supplemental oral and tube feedings is to provide a nutritionally adequate diet to the individuals until normal eating habits can be resumed and those patients who must be maintained permanently on such feedings. The formula is nutritionally adequate as specified in the Recommended Dietary Allowance. When special needs arise for a patient other specialized enteral feedings will be purchased.
  - 9.3 Candidates for these feedings include individuals with cancer of the oral cavity, pharynx or esophagus; burns, anorexia; and patients who are unable to handle solid foods. Verbal checks are made monthly to validate that patients are tolerating the formulas.
  - 9.4 The formulas are ordered through the Warehouse. The nursing staff informs Dietetic Services when a patient is put on enteral formula. Requisitions for formulas go directly to the Warehouse from the nursing staff, and deliveries are made directly from the Warehouse. The Warehouse supervisor notifies the purchasing agent when

supplies are low so more formula can be ordered.

10. Patients on clinically modified diets coming to the cafeteria for the first time must be introduced by nursing staff to cafeteria personnel. Patients incapable of requesting their diet must be accompanied by staff who may request the tray for them.
11. All special test diets must be ordered at least 24 hours prior to the meal service time via telephone and e-mail. The computer special diet report is to be used by staff to identify all patients on a special diet and taken to meals to ensure patients receive proper diet.
12. When a patient is not able to come to the cafeteria for a meal, a tray will be sent to the unit. Nursing staff notifies Dietetic Services on a Tray Request Form at meal time. Unit employees are responsible for taking the tray to the unit.
13. Food will be available from cafeterias for all patients being admitted after 7:30 a.m. and before 6:00 p.m. All units have nourishments available.
14. Obtaining additional nourishments.
  - 14.1 Individual nourishments may be provided to patients determined to have a nutritional need by the dietician or as ordered by the MD/NP. Nourishments are set out on the cafeteria serving line and unit nurses are responsible for seeing that nourishments are picked up, brought to the unit, promptly placed in the refrigerator, and given to the patient at the appropriate time.
  - 14.2 Unit nurses are responsible for ordering, storage and distribution or weekly floor stock orders. The RN may delegate this function to a Psych Tech. Weekly floor stock orders should be submitted by the nurse to Food Services no later than Monday at 3:00 p.m. Orders may be picked up on Friday in the cafeteria. Nurses should rotate food so that the oldest items are used first to prevent food spoilage and waste. Medication juices are ordered separately by Monday at 8:00 a.m. They will be ready by Wednesday afternoon.
  - 14.3 Food can be requisitioned for the purpose of cooking for special unit parties or recreational activities. Food items for this purpose are requested on the weekly refreshment order form (at least five working days in advance) and sent to Food Service. The food is picked up by the unit ordering.
15. The USH diet manual is Manual of Clinical Dietetics 6th Edition, 2000. Published by the American Dietetic Association, this manual represents the most up to date and highest standards for clinical diets. The diet manual in use at Utah State Hospital is reviewed, approved, and dated at least every 3 years by the Chief Clinical Dietitian, Nursing Director, Food Services Director and Medical Director.

16. After hours dietary needs:

16.1 When dietary services personnel are not present, patient dietary needs become the direct responsibility of the shift supervisor and/or unit staff nurse. Patients admitted after 6:00 p.m. are given a cold meal from the unit supplies.

16.2 The shift supervisor or unit staff nurse have access to necessary nourishments on the unit or, in emergency cases, may request access to the kitchen by security personnel.

12-87; 4-94; 8/98; 10/00; 02/02 diet.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

Utah State Hospital's Clinical Dietetic and Pharmacy Divisions will monitor the use of three drug types which have significant drug-food-nutrient interaction that require diet instruction and nutrient supplementation. The drugs which will be monitored through the Pharmacy computer program on a monthly basis are: Monoamine oxidase inhibitors (MAOI), Isoniazid, and Phenytoin Sodium (Dilantin).

#### **PURPOSE:**

To identify and instruct patients prior to their discharge about their medications which have significant drug/food interactions.

#### **PROCEDURE:**

1. All patients receiving any one of the three monitored drugs are instructed concerning diet nutrient supplements.
2. Monthly, Nutrition Support runs a computer screen on all patients receiving the drugs being monitored and the nutritional supplements recommended to counteract the drug's interactions with nutrients.
3. Nutrition Support compares the list with the previous month's screen to determine new patients on the drugs being monitored.
4. Individual drugs and procedures.
  - A. MAOI:
    1. Any time a patient is prescribed an monoamine oxidase inhibitor (MAOI), the MD/RNP also orders an MAOI diet.
    2. At the time the Dietitian receives orders for an MAOI diet, he/she instructs the patient on the drug-food interaction involved and specifically what foods are to be avoided.
    3. MAOI drugs include Marplan (isocarboxazid), Nardil (phenelzine), Parnate (tranylcypromine).
  - B. Isoniazid:
    1. Anytime a patient is prescribed Isoniazid, the Physician/RNP orders 50 mg Pyridoxine.
  - C. Phenytoin Sodium:
    1. Anytime a patient is prescribed Phenytoin Sodium (Dilantin), the Physician/RNP orders folic acid 1 mg.

5. The Dietitian/Diet Technician monitors the pharmacy screens to ensure that the required diet or supplements are ordered. If they are not, the requirement is charted in the patients chart and a recommendation for supplementation is made.
6. The Dietitian/Diet Technician instructs all patients on the monitored drugs about the diet/supplement(s), and the importance of continuing diet or nutrient supplementation while taking the drug. A patient information sheet is given to each patient upon instruction and a copy is placed in the miscellaneous section of the patients chart.
7. If a patient is to be discharged on an MAOI, Dilantin, or Isonazid, nursing notifies the dietitian within 4 hours of the patients discharge to allow Dietitian/Diet Technician to review the diet or supplements with patient. Another patient information sheet is given to patient, if necessary.

DATE ISSUED: 09/88      DATE REVISED OR REVIEWED: 06/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98    fooddrug.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

Guest trays are available at any meal.

#### **PURPOSE:**

To allow visitors a chance to eat with a patient.

#### **PROCEDURE:**

1. Guest meal tickets are purchased at the Administration building switchboard and are generally \$2.00 (\$4.00 on holidays).
2. Guests may go through the cafeteria meal service line with a patient and present a meal ticket at that time.
3. Guests may also purchase food from the canteen, Rampton employee dining room or from vending machines. Only cash and checks are accepted in the canteen and Rampton employee dining room.

DATE ISSUED: 9/84      DATE REVISED OR REVIEWED: 9/88, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98    guesttray.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

To reduce the possibility of food/drug interactions, it is preferable that patients be given water for taking medications. However, it is recognized that patient medication compliance often improves when a flavored drink is provided. Therefore, when needed, patients can be offered sugar-free punch with medications.

Patients should not be given 100% fruit juices (apple, cranberry, grape, orange, or prune) with medications because of the potential for food/drug interactions. Grapefruit juice, in particular, has been identified as having harmful interactions with some medications and will no longer be available through Food Service at Utah State Hospital.

Sugar-free punch mix is provided by Food Service when ordered according to the following procedure. Canned juices are also available when ordered by an MD or RN. Applesauce may be needed by some patients when taking certain medications and will be provided when ordered. Crackers are available for patients who are taking medications that should be given with food.

**PURPOSE:**

To establish a procedure for ordering sugar-free punch mix and other supplies used for administering medications.

**PROCEDURE:**

Sugar-free punch mix and other supplies used for the administration of patient medications, are ordered according to the following procedure:

1. Allowed items are ordered from Food Service via email address "diet", and must include unit, items needed, and amount required.
2. Orders must be received by Tuesday by 8:00 a.m.
3. Orders are filled Thursday by the diet cook or other designated Food Service employee and are delivered or available for pickup by Wednesday dinner meal.
4. Orders must be within established limits.
  - 4.1 Up to 15 packages (enough to make 30 gallons) of sugar-free punch mix per week is allowed
  - 4.2 Up to two cans of apple, cranberry, grape and/or orange per week is allowed when ordered by an MD or RN
  - 4.3 Up to six cans of prune juice per week is allowed
  - 4.4 Up to eight packages of grahams per week is allowed
  - 4.5 Up to eight packages of saltines per week is allowed
  - 4.6 Applesauce is allowed as needed
  - 4.7 For needs that are exceptions to this policy, contact the dietitian or diet technician.

DATE ISSUED OR REVIEWED: 5/98; 10/00; 02/02medjuice.pol

## **Chapter 10**

### **Co-Ordination of Care**

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**POLICY:**

Nursing notifies Food Services of all NPO (nothing by mouth) orders.

**PURPOSE:**

To inform the dietitian of patients not receiving food by mouth so nutritional monitoring can be maintained to safeguard the nutritional health of patients.

**PROCEDURE:**

1. The NPO order is written by an MD/RNP on the physician's order form in the patients chart.
2. Nursing services notifies food services of any patient with an NPO order. The order is called to dietary and an e-mail notifying order is sent to the dietitian. This notice includes the duration of the NPO order. A hard copy is maintained in food service office.

DATE ISSUED: 9/88      OR REVIEWED: 2/89, 3/91, 1/92, 3/93, 2/95, 5/98;  
8/01

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

Neurology and EEG clinic are readily accessible to USH patients.

#### **PROCEDURE:**

1. Physician's orders are required for all referrals to neurology and EEG clinic.
2. A consultation form is filled out by the RNP/MD or RN based upon the RNP/MD progress note and includes rationale for visit and/or suspected pathology.
3. The unit clerk or designee e-mails to XRAY to request an appointment.
  - 3.1 The scheduler calls or e-mails the unit to make the appointment for neurology or EEG.
4. On the date of the appointment, the unit clerk or designee marks the physician's order so that it is easily identified for the visit and send the chart with the patient to the clinic.
  - 4.1 The technician checks the chart for the appropriate physician's order.
  - 4.2 If no physician's order is present, the technician may refuse to have the patient seen until an order is written.
5. The patient chart is returned with the patient and staff after the appointment. Dictation of the assessment is sent to the unit when completed.
6. All recommendations by the neurologist are reviewed by the unit psychiatrist and the MD/NP.

12/87; 4-94; 5/98; 8/01 neuro.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

USH Physical Therapy Department and nursing services work closely to help patients in need of physical therapy obtain their treatment goals and maintain their maximum physical health.

#### **PROCEDURE:**

1. Unit nursing personnel may make preliminary recommendations to NP/MD regarding a patient's possible need for physical therapy treatment. The patient is referred to medical services after the RN has made a progress note reflecting recommendations, assessment.
2. NP/MD writes a physician's order as needed for a physical therapy consultation.
3. A unit clerk informs the Department of Physical Therapy (by phone or E-mail) with information concerning the referral.
4. The Director of Physical Therapy calls the unit and arranges for an

- appointment time for the PT assessment. The patient is escorted to the PT Department (with chart) at the appointed time.
5. The RPT completes the PT assessment which is dictated, typed and a copy placed in the patient chart (under the consult tab). The PT assessment includes baselines, goals and PT treatment plan.
  6. If PT is recommended by the RPT, the patient's name is added to the PT schedule which is updated weekly and sent to all units. If PT is not deemed worthwhile the unit medical staff are notified and the PT order is withdrawn.
  7. The patient is treated in PT according to the posted schedule.
  8. Monthly progress notes by PT staff reflect progress or status of patients in PT.
  9. RN weekly and monthly progress notes should reflect a review of the patient's treatment progress in physical therapy, any physical problems, patient compliance, etc. Much of this information may be seen in the patient's progress notes by physical therapy staff.
  10. Physical therapy staff and unit nursing personnel are in close communication regarding patient's condition especially on the use of braces, crutches, canes, or any device that could restrict circulation, etc., in connection with proper use by the patient, unit nursing follow up and care.
  11. If the patient is unable to attend his/her physical therapy appointment, unit nursing personnel contact the Physical Therapy Department and record reasons for missing the appointment in progress notes.
  12. During inclement weather, special arrangements may be made for transportation to physical therapy or PT staff may come to the unit. Please consult with the Physical Therapy Department.
  13. Unit nursing personnel assist in keeping NP / DMS aware of patient's progress in PT and RPTs continuing recommendations for treatment.
  14. Monthly medication reviews in the physician's orders reflect the continuing orders for physical therapy including type and frequency. The patient's ICTP and nursing care plan must always include current physical therapy problems, goals, and modalities completed by unit RN or NP.
  15. If the treatment is discontinued by NP / DMS, the unit RN noting order notifies physical therapy, the patient, and unit nursing personnel, especially psych techs and the attending physician.

9/98; 10/00 pt.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

Podiatry and optometry are readily accessible to USH patients.

#### **PROCEDURE:**

1. Physician's orders are required for all referrals to podiatry and optometry.

- 1.1 All diabetic patients are scheduled for a baseline Podiatry appointment and then a repeat appointment every 3 months thereafter.
  - 1.2 All diabetic patients are scheduled for a baseline Optometry appointment and then a repeat appointment every year thereafter
2. A consultation form is filled out by the NP/MD or RN based upon the NP/MD progress note and includes rationale for visit and/or suspected pathology.
3. The unit clerk or designee e-mails to CLINIC to request an appointment.
  - 3.1 The ClinicsCoordinator calls or e-mails the unit to make the appointment for the podiatry or optometry visit.
4. On the date of the appointment, the unit clerk or designee marks the physician's order so that it is easily identified for the visit and send the chart with the patient to the clinic.
  - 4.1 The Clinics Coordinator checks the chart for the appropriate physician's order.
  - 4.2 If no physician's order is present, the Clinics Coordinator may refuse to have the patient seen until an order is written.
5. When the need to see the podiatrist is emergent, the unit clerk or designee calls the clinic at ext 44622.
  - 5.1 The Clinics Coordinator makes the appointment for the podiatry visit.
  - 5.2 If there is no response to the phone call, the RN may make the decision to send the patient to the clinic without an appointment.
  - 5.2.1A physician's order must be present in the chart.
6. Consultation forms are returned with the patient and staff after the appointment.
7. All orders written or recommended by the podiatrist or optometrist are reviewed and ordered by USH medical services.
8. Unit nursing personnel may assist clinic coordinator by providing information regarding patient's ability to pay for such items as glasses, etc.

12/87; 4-94; 5/98; 10/00; 06/03 podoptom.pol

## Chapter 10

### Co-Ordination of Care

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#### Protocol:

1. After the patient has been seen in the clinic and there is a need for dentures, orthotics or other dental work such as crowns, the Clinics Coordinator e-mails the Unit Administrative Director the results of the exam and whether the patient need is optional or required.
2. The Unit AD responds back to the clinic assistant within 48 hours with approval or rejection of the procedure.
3. The unit MD/NP writes a physician's order for the necessary appliance.
4. The clinic assistant completes the Purchase Order as the initiator and send it to the AD for an approving signature.
5. The AD sends the PO to the Business Office who routes the white copy of the PO back to the clinic and the pink copy to the unit.
6. If the unit and the patient decide that the patient will pay for the appliances, then a contractual agreement is made between the patient, the unit, and the Business Office.
7. The contractual agreement for the patient to pay back the appliance costs is kept and maintained by the Cash Receipts Technician in the Business Office.
  - 7.1 When patient funds are received the C/R Tech codes the appropriate amount from the patient funds to a refund of expenditure account in the Off Grounds Medical cost center.

5/98; 1/01; 06/03

## Chapter 10

### Co-Ordination of Care

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#### PROTOCOL:

1. After the patient has been seen in the clinic and there is a need for eyeglasses, the optometrist provider writes a prescription for the eyeglasses and includes whether the need is immediate or optional.
2. The Clinics Coordinator e-mails the Unit Environmentalist and the Unit Administrative Director of the results of the exam, the patient need, (immediate or optional), and the estimated cost of the eyeglasses.
3. The Clinics Coordinator orders the eyeglasses from the Springville Eye Clinic and notifies the Business office of the order placed and the cost of the eyeglasses.
  - 3.1 If the patient, upon returning to the unit, decides he does not want the eyeglasses, the Unit Environmentalist will notify the Clinics Coordinator within 48 hours so the order can be canceled.
  - 3.2 The Clinics Coordinator picks up the eyeglasses and delivers them to the pharmacy.

- 3.3 The Clinics Coordinator e-mails the unit to let them know the glasses can be picked up when the unit picks up medications.
- 3.4 If the eyeglasses don't fit the patient properly, the patient and the eyeglasses are taken to the clinic and the Clinics Coordinator fits the patient with the eyeglasses.
4. The Business Office pays the Springville Eye Clinic directly for any eyeglasses purchased.
  - 4.1 The Unit Administrative Director and the Unit Environmentalist work with the Business Office to procure funds for the eyeglasses
  - 4.2 The Business Office will take money out of the patient's account if it is available.
    - 4.2.1 Funding may come from insurance, the patient's family, the hospital quilters, rehabilitation, or any other available source.
    - 4.2.2 The Business Office may bill the patient unit if other sources of funding are not acquired for the eyeglasses.

1/01; 08/02

#### PROTOCOL:

1. After the patient has been seen in the clinic and there is a need for glasses, dentures, orthotics or other dental work such as crowns, the Clinics Coordinator e-mails the Unit Administrative Director the results of the exam and whether the patient need is optional or required.
2. The Unit AD responds back to the Clinics Coordinator within 48 hours with approval or rejection of the procedure.
3. The unit MD/NP writes a physician's order for the necessary appliance.
4. The Clinics Coordinator completes the Purchase Order as the initiator and send it to the AD for an approving signature.
5. The AD sends the PO to the Business Office who routes the white copy of the PO back to the clinic and the pink copy to the unit.
6. If the unit and the patient decide that the patient will pay for the appliances, then a contractual agreement is made between the patient, the unit, and the Business Office.
7. The contractual agreement for the patient to pay back the appliance costs is kept and maintained by the Cash Receipts Technician in the Business Office.
  - 7.1 When patient funds are received the C/R Tech codes the appropriate amount from the patient funds to a refund of expenditure account in the Off Grounds Medical cost center.

4/94; 5/98; 4/01

## **Chapter 10**

### **Co-Ordination of Care**

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#### **PROTOCOL:**

**Purpose:** To monitor the proper use and care of contact lenses worn by patients at Utah State Hospital and to prevent complications that can occur from improper wear and maintenance of the lenses.

1. The Unit Nurse identifies the use of contact lenses when the admission assessment is done.
  - 1.1 The Unit Nurse notifies the physician that the patient wears contacts and the physician orders an admission eye exam.
2. The optometrist performs an eye exam and determines the type and prescription of the lenses worn.
3. The optometrist does patient teaching as needed for patients wearing contact lenses.
  - 3.1 The optometrist teaches the proper use, care, and problems to look for when a patient receives contacts for the first time.
  - 3.2 The optometrist provides all supplies needed when a patient receives their first pair of contacts.
4. The optometrist orders a 6 month to 1 year supply of contact lenses for patients wearing disposable or extended-wear contacts.
  - 4.1 The Clinics Manager picks up the order of contact lenses from the eye clinic and delivers them to the hospital pharmacy.
  - 4.2 The Clinics Manager notifies the unit that their patient has contact lenses to be picked up at the pharmacy.
5. The Unit LPN or designee maintains records that indicate dispensing or disposal of contact lenses as outlined by the optometrist.
  - 5.1 The Unit LPN or designee makes sure the patient has the required solution for care and needed supplies. He/she re-orders them as needed.
  - 5.2 Patients wearing contact lenses remove them and give them to the LPN/designee at night before going to bed.
6. Patients wearing contact lenses are checked every six months by the optometrist.

2/03contactlens protocol .pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **POLICY:**

USH Radiology Department serves Utah State Hospital patients exclusively who are generally acute and chronic psychiatric patients including some participants in USH criminal and drug offender programs. Radiology services for Utah State Hospital employees are limited to chest radiographs for follow up on positive PPD testing, according to Utah Department of Public Health Regulations. Radiology services are performed when ordered by a Utah State Hospital authorized prescribers including psychiatrists, nurse practitioners and medical doctors.

#### **PROCEDURE:**

1. Radiology services does not provide for exams using contrast media or invasive techniques.

2. General radiography exams such as skull, extremity, spine, chest, abdomen, facial bones and ribs are provided.
  3. Procedures requiring contrast media, invasive or special procedures such as CAT Scans, MRIs and other such procedures are referred to contracted radiology services at Utah Valley Regional Medical Center (UVRMC) and American Fork Hospital (AFH).
  4. Emergency exams can be performed by Utah State Hospital Radiology during regular office hours, (0830-1230) week days only. All other emergency and weekend exams are referred to UVRMC or AFH.
  5. Radiology exams are performed by a Registered Radiologic Technologist. Films are interpreted by a Board Certified Radiologists who have clinical privileges at a JCAHO accredited medical hospital.
- 1/98; 8/01 radiol.pol

## **Chapter 10**

### **Co-Ordination of Care**

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#### **PROCEDURE:**

Age 15 and older

1. Light lunch - NOON the day before the exam.
2. Clear liquids from 2 pm - 4 pm day before exam.
3. Begin drinking Colyte at 4 pm (8 oz. glass every 10 minutes until the bottle is empty)
4. Take 4 Bisacodyl tablets directly after drinking bottle of Colyte.
5. Maintain clear liquids until 10:00 pm.
6. NPO morning of exam--may have an 8 oz. glass of water if thirsty.

12/98; 8/01 preps.pro

## **Chapter 10**

### **Co-Ordination of Care**

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#### **PATIENT PREPS FOR PROCEDURES AT UVRMC**

#### **PROCEDURE:**

1. Castor Oil purge the day before:
  - 1.1 One FULL 2 oz. Bottle of purge at 2 pm.
  - 1.2 THREE 8 oz. Glasses of water at 3 pm.
  - 1.3 Clear Liquids ONLY for supper.
  - 1.4 No breakfast except water or coffee without cream.

12/98; 8/01 preps.pro

## **Chapter 10**

### **Co-Ordination of Care**

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#### **PATIENT PREPS FOR PROCEDURES AT UVRMC**

#### **PROCEDURE:**

1. Begin preparation two (2) days before scheduled examination.

2. Eat a light evening meal the first evening containing NO FATS or DAIRY PRODUCTS.
3. Three (3) hours after the evening meal, but no later than 9:00 pm, take the first packet of six (6) tablets. Take the tablets one at a time at about 5-10 minute intervals.
4. Maintain a FAT FREE diet throughout the second day. If having an Upper GI exam, eat no solid foods after noon day meal on the second day. May drink clear fluid until 10:00 pm that evening. Take the second packet of six (6) tablets between 6:00 pm and 6:30 pm.
5. Have nothing to eat or drink after 10:00 pm until exam is done the next day.
6. Insert the Bisacodyl suppository rectally at 6:00 am on the morning of the examination.
7. Have nothing to eat or drink in the morning and report for the examination at the scheduled time.

12/98; 8/01 preps.pro

## **Chapter 10**

### **Co-Ordination of Care**

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#### **PATIENT PREPS FOR PROCEDURES AT UVRMC**

PROCEDURE:

1. Clear liquid diet day before examination. (No milk or cream)
2. Three (3) Bisacodyl tablets at 4:00 pm the day before the examination.
3. The patient may drink clear liquids until the time of the examination.
4. 1 Rectal Bisacodyl suppository 6:00 am the morning of the examination.  
IF IVP AND BARIUM ENEMA ARE DONE THE SAME DAY, FOLLOW BARIUM ENEMA PREP.

12/98; 8/01 preps.pro

## **Chapter 10**

### **Co-Ordination of Care**

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#### **PATIENT PREPS FOR PROCEDURES AT UVRMC**

PROCEDURE:

**For children under 14 years of age.**

1. On the day before the examination at 1200 noon the child eats only the following: 1 cup of bouillon soup with crackers, 1 chicken or turkey white meat sandwich (no butter, mayonnaise, lettuces or other additives), ½ glass of clear apple juice or clear grape juice, 1 serving of plain Jell-O, and 1 glass of skimmed or non-fat dry milk.
2. At 1 pm the day before the exam, the child drinks one full glass of water, if

possible.

3. At 3 pm the day before the exam, the child drinks one full glass of water, if possible.
4. At 4 pm the day before the exam, the child drinks the amount of Magnesium Citrate (cold) appropriate for the child's age.
  - 4.1 5 and 6 years old 3 ounces of Magnesium Citrate
  - 4.2 7 and 8 years old 4 ounces of Magnesium Citrate
  - 4.3 9 and 10 years old 5 ounces of Magnesium Citrate
  - 4.4 11 and 12 years old 6 ounces of Magnesium Citrate
  - 4.5 13 years old 8 ounces of Magnesium Citrate
  - 4.6 14 years and older 10 ounces of Magnesium Citrate (adult dosage)
5. At 5 pm the child eats only the following: 1 cup of bouillon soup, 1 glass of clear apple juice or clear grape juice, 1 serving of plain Jell-O.
6. At 7 pm the child drinks one full glass of water, if possible.
7. At 8 pm the child takes with a full glass of water the number of Bisacodyl tablets appropriate for the child's age. Tablets MUST be swallowed whole.
  - 7.1 5 or 6 years old 1 tablet
  - 7.2 7-12 years old 2 tablets
  - 7.3 14 years or older 3 tablets ( adult dose)
8. On the day of the exam at 7:00 am the child drinks 1 ½ glasses of water, if possible. A Bisacodyl suppository is administered as follows:
  - 8.1 1-9 years of age ½ suppository
  - 8.2 9 years or older 1 whole suppository

12/98; 8/01 preps.pro

## Chapter 10

### Co-Ordination of Care

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#### PROTOCOL:

#### PROCEDURE:

1. When a physician's order is written for a speech and language assessment, the unit clerk follows the protocol for off grounds appointments.
2. The Speech and Language Assessments are completed at UVRMC and the appointment is made by calling 371-7448 to arrange the appointment.
3. Speech and Language Assessments DO NOT include audiology

assessments-- these assessments are arranged via e-mail to XRAY  
(which is at USH).

3/98; 10/00 splang.pro

## **Chapter 10**

### **Co-Ordination of Care**

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**POLICY:** The warehouse is stocked with most supplies that are used consistently by all treatment units and departments in the hospital. Access to the warehouse is limited due to the inventory present in the warehouse. (See USH:OPP Fiscal Management Chapter Section 8: Access to Warehouse Supplies)

**PROCEDURE:**

1. The warehouse is open from 0800 to 1630 Monday through Friday. Orders are submitted to the warehouse by Wednesday at noon of each week and are delivered to the designated area on Thursday.
  - 1.1 The Unit Environmentalist orders the supplies needed for the unit.
2. Walk-in orders can be made during the week when approved by the Administrative Director of the unit.
3. Supplies needed in an emergency from 1700-0800 Monday through Friday or on weekends or holidays are obtained by calling the Shift Supervisor.
4. The Shift Supervisor determines whether the supplies can be obtained from other units of the hospital.
5. When the supplies cannot be obtained from other areas of the hospital, the Shift Supervisor contacts the switchboard operator.
  - 5.1 The switchboard operator contacts the appropriate personnel as outlined in the USH:OPP Manual Access to Warehouse Supplies Section.

3/98; 8/01 supplies.pol

## **Chapter 10**

### **Co-Ordination of Care**

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**PROTOCOL:**

**PROCEDURE:**

1. When a physician's order is written for a medical procedure which requires special medical supplies or a feeding pump or an intravenous pump, the unit clerk or designee notifies Central Supply between 1300 and 1700 Monday through Friday via e-mail or telephone concerning the required supplies.
  - 1.1 Between 0700 and 1300 the unit clerk e-mails the request to Central Supply and the technician completes the order during the afternoon hours.
2. The Central Supply Technician works with the unit staff to provide the necessary supplies.
  - 2.1 The unit staff during the week on day shift are responsible to have the necessary supplies for evenings, nights and weekends except in

emergencies.

3. If a feeding pump or intravenous pump is required and the hospital does not have a pump Central Supply contacts the Purchasing Agent in the business office to arrange rental of the necessary equipment i.e the pump and the corresponding tubing.
4. If the supplies are required after 1700 Monday through Friday or on weekends or holidays the unit RN contacts the SSRN to arrange for the supplies.
5. The SSRN obtains the necessary supplies from Central Supply.
6. If a feeding pump or intravenous pump is required and the hospital does not have the pump available, the SSRN assists the unit RN to arrange for rental of the pump and corresponding tubing from Central Processing at UVRMC or another contracted provider.
  - 6.1 Central Processing at UVRMC or the other provider is contacted concerning rental of the necessary equipment and arrangements are made to pick up the necessary items.
7. When a pump or supplies are obtained from UVRMC or other provider, the unit RN MUST notify the Purchasing Agent in the business office of the rental--send an e-mail to Wendy Mickelson.
  - 7.1 The Purchasing Agent obtains the rental equipment from a rental agency and the unit returns the emergency rental unit to UVRMC or other provider when the rental unit from the rental agency arrives.

10/98; 10/00 pump.pro

## Chapter 10

### Co-Ordination of Care

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#### POLICY

The nursing personnel on each unit are responsible for volunteers who are involved in direct patient care on the specific unit.

#### PROCEDURE

1. See USH:OPP section on Volunteer Services.
2. Volunteers who work directly with patients report to the Unit Nursing Director (UND) or unit charge nurse when planning to be on the unit.
3. Volunteers communicate specific patient problems and/or complaints to the RN on the unit.
4. Volunteers who are involved in direct patient care are under the direct supervision of the RN while working with a specific patient.
5. The UND and/or unit charge nurse are members of the treatment team who decide upon the volunteer-patient programs on the specific units.
6. The UND reports any problems with volunteers involved in direct patient care to the Nurse Administrator, who then works closely with the Volunteer Coordinator to assess and correct these problems.

12-87; 4-94; 5/98; 8/01 volun.pol

## Chapter 10

### Co-Ordination of Care

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#### POLICY

Documentation gathered and kept by Nursing Services of the Utah State Hospital are maintained, retained, and destroyed on the following schedule:

Nursing Services Logbook	One day
Nursing Meeting Minutes	Three years
Time Sheets/Schedules	Three years
Controlled Substances Checksheets	Three years
Refrigerator Temperature Checksheets	One year
Glucometer Checksheets	One year
Med room door locked/Narcotics counted checksheet for UND's	One year
Patient Assignment Sheets	Three years
Medication Room Checklists	One year
Crash Cart Checklists	One year
Patient Rolls/checksheet	Three months
Medication Summary Reports	One year

9/98; 8/01; 02/02; 01/03; 06/03 reten.doc

## Chapter 10

### Co-Ordination of Care

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#### POLICY

Nursing discipline plays a significant role in USH facility planning and administration in an assessment and advisory capacity.

#### PROCEDURE

1. Unit nursing concerns are continually expressed to the UND who assesses unit nursing needs regarding therapeutic environment, equipment, safety, and treatment.
2. The UND expresses needs to the Unit AD with viable options, plans, and ideas for the improvement of patient care.
  3. Problems, concerns, or issues that cannot be resolved or acted upon on the unit level or involve Hospital policy and procedure are brought to Nursing Administration by the UND and/or the unit AD.
4. Nursing Administration provides knowledgeable assessments and concerns to USH administration in the appropriate area.
  - 4.1 This occurs in Executive Staff Meeting, Administrative Staff Meeting, Medical Executive Committee, or on an individual basis.
5. The Nurse Executive may initiate working drafts of policies and procedures, new ideas, programs, etc. at any time with input from sources hospital-wide for approval by the governing body and administrative staff.
6. The Nurse Executive may also submit proposals regarding personnel policies, FTE distribution, requirements for quality nursing care, wages, nurse recruitment, etc. to the USH Administration and Division of Personnel Management for consideration.
7. Nursing Administration may be assigned to complete further assessment or to do follow up on implemented policies with subsequent evaluation.

12-87; 4-94; 8/98; 8/01 facilpla.doc

## **Chapter 10**

### **Co-Ordination of Care**

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#### POLICY

Nursing services provides its staff with a mechanism to handle questions concerning ethical decisions at Utah State Hospital.

#### PROCEDURE

1. If a nursing services employee has concerns or questions of an ethical nature surrounding patient care, the employee may discuss the concerns with the UND, shift supervising RN, Nursing Administration, the employee advocate, or the patient advocate.
  - 1.1 The employee may also choose to formalize the concerns in writing.
2. When an employee voices ethical concerns, the UND, Shift Supervisor RN, a member of Nursing Administration, Employee Advocate or Patient Advocate notifies the Nurse Administrator of the concerns as soon as possible.
3. The Nurse Executive is a member of the hospital Ethics Committee and can include the stated concern on the agenda of that meeting.
4. If the ethical concern requires immediate attention, the Nurse

Administrator and/or employee advocate can bring the concern to the attention of the Executive Staff.

5. Resolution of major ethical concerns are the responsibility of the Executive Staff and/or the hospital Ethics Committee.

1/91; 4-94; 8/98; 8/01 ethics.pol

## **Chapter 10**

### **Co-Ordination of Care**

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Taken from USH:OPP  
POLICY

Utah State Hospital supports and protects the fundamental human, civil, constitutional, and statutory rights of each patient.

#### **PROCEDURE**

1. Statement of Patient Rights. The Utah State Hospital Patient Rights Statement describes the rights of patients and the means by which these rights are protected and exercised.
  - 1.1 A copy of this statement is posted in various areas of the hospital.
2. Informing Patients of Their Rights. Each patient is informed of his rights in a language the patient understands.
  - 2.1 Each patient receives a written statement of his/her rights.
3. Access to Treatment. Patients have access to treatment regardless of race, religion, sex, ethnicity, age, or disability.
  - 3.1 Each patient is entitled to considerate and respectful care.
4. Admission. Patients have the right to an explanation of admission status and the provision of the law pertaining to their admission.
5. Notice of Right to Release. Involuntarily civilly committed patients are informed of their right to release and are assisted in making requests for release.
  - 5.1 Civilly committed patients may petition the court for release within 30 days of the original commitment date and every six months thereafter.
6. Personal Dignity. Personal dignity is recognized and respected in the provision of care and treatment of each patient.
7. Personal Privacy. The personal privacy of each patient is assured and protected within the constraints of the individual comprehensive treatment plan.
  - 7.1 Staff respect a patient's right to privacy by knocking on the door of his/her room before entering.
    - 7.1.1 In an emergency situation, or during night checks, staff may not knock on the door before entering.

8. Legal Counsel. Patient have the right to legal counsel and an attorney of their choice.
  - 8.1 If the patient has no attorney or is unable to afford private counsel, legal services are provided through a contract attorney and/or through the Disability Law Center.
  - 8.2 Patients have the right to contact a legal representative by phone or sealed mail.
9. Patient Advocate. Patients have access to the patient advocate provided by the hospital.
10. Individualized Treatment. Each patient receives individualized treatment.
  - 10.1 Each patient has the right to collaborate with his/her physician in making decisions involving his/her treatment.
  - 10.2 Each patient is provided an individualized treatment plan.
11. Review of Treatment Plan. Patients may request an in-hospital review of their individual comprehensive treatment plan.
12. Participation in and Access to Information Regarding Treatment. Patients may exclude relatives, friends, and others not officially connected with the hospital from participating in and having access to information regarding their treatment.
13. Access to Contents of Medical Records. Patients may meet with a member of the hospital clinical staff, at a scheduled meeting, to discuss the contents of his/her medical records.
14. Opinion of Consultant. Patients may request the opinion of a consultant of their own choosing at their own expense.
15. Medication Treatment. Patients are informed of the risks, side effects, and benefits of all medications and treatment procedures used.
  - 15.1 Patients are informed of alternate treatment procedures available.
  - 15.2 Patients have the right, to the extent, permitted by law, to refuse specific medications or treatment procedures.
  - 15.3 The Utah State Hospital has the responsibility to seek appropriate legal alternatives or orders of involuntary treatment, or, in accordance with professional standards, to terminate the relationship with the patient upon reasonable notice.
16. Pain. Patients have the right to be assessed and treated appropriately for pain complaints.
17. Advance Directives. Patients have the right to receive information regarding and to execute advance directives. (See: Patient Rights, Section 6: Advance Directives/Personal Choice/Living Will)

18. Informed Consent. A written, dated, and signed consent form is obtained from the patient or the patient's legal guardian for participation in research projects and for use or performance of:
  - 18.1 surgical procedures;
  - 18.2 electroconvulsive therapy;
  - 18.3 unusual medications;
  - 18.4 hazardous assessment procedures;
  - 18.5 audiovisual equipment; and
  - 18.6 other procedures where consent is required by law.
19. Confidentiality. Utah State Hospital staff are responsible for maintaining the confidentiality of communications between patients and staff and of information recorded in patient records.
  - 19.1 Patients may refuse student access to his/her medical record.
  - 19.2 Patients may not record or photograph other patients.
20. Communication by Mail. Patients have the right to communicate by sealed mail or otherwise with persons, including official agencies, inside and outside the facility.
21. Communication by Telephone. Patients have the right to conduct private telephone conversations with family and friends, unless clinically contra-indicated.
  - 21.1 Telephone access is within each unit's guidelines.
22. Visitors. Patients have the right to receive visitors in accordance with the hospital's visiting policy. (See Patient Management, Section: Visitors)
  - 22.1 In no event is a patient's legal counsel or legitimate clergy denied a visit.
23. Exercise of Religious Beliefs. Patients have the right to exercise their religious beliefs and to participate in religious services at the hospital.
  - 23.1 This right may be modified according to clinical indication as determined, documented, and approved by the clinical staff responsible for the patient's treatment and by the hospital chaplain.
  - 23.2 Patients are not coerced or forced to engage in religious activity.
24. Possession of Personal Items. Patients may wear their own clothing, keep personal possessions, and keep enough personal funds for small day-to-day purchases.
25. Voting. Patients have the right to vote in accordance with Utah State Code.
26. Contractual Relationships and Purchasing. Patients have the right to enter

into contractual relationships and to make purchases, except as psychiatrically contra-indicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.

27. Personal Property. Patients have the right to dispose of personal property, except as psychiatrically contra-indicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.
28. Citizen Participation. Patients have the right to citizen participation, except as psychiatrically contra-indicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.
29. Disposition of Body After Death. Patients have the right to determine the disposition of their body after death.
30. Ethical Issues. Patients have the right to participate in the consideration of ethical issues that arise in their care.
31. Suggestion/Grievance Program. Patients have the right to initiate a complaint, grievance, or suggestion procedure and the appropriate means of review of the complaint or suggestion. (See Patient Rights, Section: Suggestion/Grievance Program)
32. Communication with Mental Health Centers. Civilly committed patients have the right to periodically speak to a representative of the mental health agency to which they are committed.
33. Writ of Habeas Corpus. Patients are entitled to the writ of habeas corpus upon proper petition by himself or a friend to the district court in the county in which he is being detained.
34. Rights of Patient's Guardian. To the extent permitted by law, a patient's legal guardian may exercise the rights delineated on behalf of the patient if the patient has been adjudicated incompetent or is a minor.
35. Industrial Assignments. Patients may work for the hospital, as part of the Industrial Program, under the following condition:
  - 35.1 any wages paid to the patient who is working within the program are in accordance with applicable laws and regulations;
  - 35.2 the work is part of the patient's individual treatment plan; and
  - 35.3 the work is performed voluntarily.
  - 35.4 Patients are encouraged as part of the therapy process to engage in tasks that will help them in their skill development. Patients have the right to perform or refuse to perform the tasks in or for the hospital.
36. Discharge. Patients have the right to be discharged from the hospital when they and their treatment team feel it is appropriate and when adequate services are available in the community.

37. Denying or Limiting Rights. Patients are informed immediately when a right is taken away or limited and are given an explanation of why the right was taken away or limited.
- 37.1 Rights may be limited or taken away for "good cause" reasons which include:
- 37.1.1 it poses a danger to self or others;
- 37.1.2 it would seriously infringe on the rights of others;
- 37.1.3 it would pose serious damage to the facility; and/or
- 37.1.4 it is determined to be therapeutically contra-indicated.
- 37.2 When any right is limited or denied, the nature, extent, and reason for that limitation or denial is entered into the patient's treatment record.
- 37.2.1 When applicable and legal, the family member(s) are informed of the restriction and documentation is made.
38. Policies concerning patient limitations and the review of those limited are addressed in USHOPP Chapter: Special Treatment Procedures, Section: Restrictions and Limitations of Patient Rights.

8/98; 10/00; 6/01 Taken from USH:OPP ptrights.pol

## **Chapter 10**

### **Co-Ordination of Care**

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ABNORMAL	Contrary to normal.
ABCESS	A collection of pus in any part of the body.
ABUSIVE	Inclined to mistreat others or to use insulting language.
ACUTE	Sharp; an acute illness means one with sudden onset of symptoms and a short course.
ADDICTION	Strong emotional and physiological dependance upon alcohol or a drug which has progressed beyond voluntary control.
AFFECT	Feeling tone; mood.
AGGRESSION	In psychiatry, forceful attacking action, physical, verbal, or symbolic tension.
AGITATION	State of chronic restlessness; a major psychomotor expression of emotional tension.
ALCOHOLIC PSYCHOSIS	A group of severe mental disorders associated with brain damage or dysfunction resulting from excessive use of alcohol.
ALCOHOLIC ANONYMOUS (AA)	The name of a group composed of former alcoholics who collectively assist alcoholics through personal and group support.
ALCOHOLISM	The overuse of alcohol to the extent of habituation, dependence, or addiction.
ALLERGY	An over sensitivity of the body to a particular substance.

AMBIVALENCE	Feeling opposing emotions such as love and hate for the same person or thing at the same time.
AMNESIA	Pathological loss of memory.
AMPUTATION	The cutting off of a part of the body such as a leg.
ANAL EROTISM	Pleasurable part of the experience of anal function. In later life anal erotism usually appears in disguised and sublimated forms.
ANALYSIS	A common synonym for psychoanalysis.
ANOREXIA	Lack of appetite.
ANTI-CONVULSANT	A remedy that counteracts the effects of a poison.
ANUS	The outer opening of the rectum.
ANXIETY	Inner fear and emotional uneasiness. The person feels fear but doesn't know of what he is afraid. The cause seems to come from within the person rather than from the environment.
APATHY	Lack of emotional feeling.
APHASIA	Loss of the ability to make vocal sounds.
APOPLEXY	Illness following a brain hemorrhage; a stroke.
APPREHENSION	Undue fear of expected events, either real or imaginary.
ARTERY	A blood vessel which carries the blood from the heart to various parts of the body.
ASPIRATION	Sucking in; withdrawing fluids from a cavity by suction.
ASSAULTIVE	Threatening to harm another person without actually doing harm; may be expressed by words or gestures.
ASTHENIA	Weakness, loss of muscular energy.
ATARACTIC	Any agent or drug intended to induct ataraxy.
AURA	A momentary warning to the patient just preceding an epileptic seizure.
AUTISTIC THINKING	Pleasure thinking which brings imaginary fulfillment of wishes or desires (daydreaming).
AUTOCLAVE	Sterilization of articles by steam heat at high pressure.
BELLIGERENT	Quarrelsome; inclined to fight.
BENIGN	Not harmful.
BLOCKING	A sudden stoppage in the stream of thought.
BUTTOCKS	The prominences of muscle and fat covering the part of the body at the hip line; the rump.
CAPILLARY	A small shell or case made of gelatin to hold a dose of medicine.
CARBON DIOXIDE (CO <sub>2</sub> )	(see under shock treatment.)
CATATONIA	A type of schizophrenia characterized by immobility with muscular rigidity or inflexibility. Alternating periods of physical hyperactivity and excitability may occur, and generally there is marked inaccessibility to ordinary methods of communicating. See schizophrenia.
CATHARTIC	A medicine which causes a bowel movement.

**CENTRAL NERVOUS SYSTEM** The brain and spinal cord.

**CEREA FLEXIBILITAS** The way flexibility often present in catatonic schizophrenia in which the patient's arm or leg remains passively in the position in which it is placed.

**CLONIC** Muscular spasm with jerky movements caused by alternating contraction and flexion of the muscles.

**COMA** A state of unconsciousness so deep the patient cannot be aroused.

**COMBATIVE** Inclined to fight.

**COMPENSATION** A mental mechanism in which a special ability or trait is developed to make up for real or imagined inadequacy. Example: A high school student with no ability in athletics may compensate by becoming the outstanding scholar in his class.

**COMPULSION** An uncontrollable urge to think or act against one's better judgement.

**CONVULSIVE DISORDERS** Primarily grand mal, petit mal, Jacksonian, and psychomotor epilepsy. may occur in any organic cerebral disease. See epilepsy.

**CONFABULATION** The filling in of memory gaps with made up episodes.

**CONFLICT** A state of emotional tension due to the presence of opposed or contradictory urges.

**CONFUSED** Unable to think clearly.

**CONGENITAL** Present at birth.

**CONSTIPATION** Difficulty in bowel movement.

**CONTRAINDICATION** A condition in which a certain treatment or medicine is not advisable.

**CONVERSION** A mental mechanism by which repressed urges are converted into physical symptoms. Example: A person who has a frequent urge to strike at others may develop a paralysis of the arm to prevent doing this.

**CORTEX** The outer layer of an organ, as of the brain.

**CUSTODIAL** Applying to simple detention or guarding, usually contrasted with therapeutic care.

**CYANOSIS** A condition in which skin areas such as the lips, finger tips, and face become blue due to a lack of proper amount of oxygen in the blood stream.

**DEFECATION** A bowel movement.

**DEHYDRATION** Loss of water from the body tissue.

**DELIRIUM** A temporary mental disturbance with confusion and illusions, hallucination, excitement, and disorientation.

**DELIRIUM TREMENS** A acute psychosis characterized by delirium, confusion, tremor, and vivid, predominantly visual hallucinations.

**DELUSION** A fixed false idea. No amount of reasoning changes the patient's idea. For example, delusions of grandeur: "I am Queen Ann, " or "I am the Governor of this state." Delusions of persecution: "I was put here by gangsters," or "You're all F.B.I. members out to get me."

DEPRESSION Unshakable feeling of sadness.

DETERIORATION A progressive failure of the intellectual processes.

DISORIENTED Unable to concentrate on one thing; thought or behavior very changeable.

DYNAMIC In psychiatry, an interest in people extending beyond a description of behavior to the "why" people behave as they do.

EGO The portion of our personality that has to make the decisions. It says "I will" or "I will not." Most of the ego is conscious and represents the thinking, knowing, feeling part of the person.

EGOTISTICAL Filled with self love, abnormally self-centered, conceited.

ELATION Joyful excitement.

ELOPER One who escapes or wanders away from a mental institution.

EMESIS Vomiting.

EMETIC A drug which causes vomiting.

EMOTION A subjective feeling (of which one may or may not be specifically aware) such as fear, anger, grief, joy or love.

EMPATHY The emotional appreciation of another's feelings. Unlike sympathy it is not entering into or sharing another's feelings. It allows one to identify with a patient's problems but not be encumbered by them.

EPILEPSY A disorder characterized by periodic motor or sensory seizures of their equivalents and sometimes accompanied by a loss of consciousness or by certain equivalent manifestation. May be idiopathic (no known organic cause) or symptomatic (due to organic lesions).

JACKSONIAN EPILEPSY Recurrent episodes of localized convulsive seizures or spasms limited to a part or region of the body without loss of consciousness.

MAJOR EPILEPSY (Grand Mal) Characterized by gross convulsive seizures with loss of consciousness.

MINOR EPILEPSY (Petit Mal) Minor non-convulsive epileptic seizures or equivalents; may be limited to only momentary lapses of consciousness.

E.S.T. (Also E.C.T.) See electroshock therapy.

ETIOLOGY The cause or causes of a disease.

EUPHORIA An exaggerated sense of well-being not warranted by circumstances.

EXCRETA Waste material cast out of the body.

EXHIBITIONISM Commonly, "showing off." Psychiatrically, body exposure usually of the male genitals to females. Sexual stimulation or gratification usually accompanies the act.

EXHILARATION High spirits, enlivened state of activity.

EXTROVERT A person whose interest is turned outward toward external values.

FANTASY Day dreaming; building for oneself things which does not exist in one's real situation.

FEAR Emotional response to consciously recognized and external

sources of danger, to be distinguished from anxiety.

**FEBRILE** Pertaining to fever.

**FECES** Waste discharged from the rectum.

**FEEBLEMINDEDNESS** Intelligences and mental capacity considerably lower than normal (100 IQ). Usually refers to cases of moron level (IQ 50 to 69). See mental deficiency.

**FLATUS** Gas in the intestines or stomach.

**FLIGHT OF IDEAS** A rapid succession of ideas which are related only superficially; and the goal idea is never reached.

**FREE ASSOCIATION** In psychoanalytic therapy, unselected verbalization by the patient of whatever comes to mind.

**FREE-FLOATING ANXIETY** Pervasive anxiety which the patient cannot explain to his own satisfaction. See anxiety.

**FRENZY** Violent mental agitation; delirious excitement.

**FRUSTRATION** Being hindered or prevented from accomplishing a purpose.

**FUGUE** An episode of seemingly conscious behavior which is not remembered afterwards.

**FUNCTIONAL PSYCHOSIS (or Illness)** A psychiatric disorder in which no diseased or abnormal tissue can be found in the body.

**FUROR** Rage, great outburst of excitement.

**GANGRENE** Death of body tissue.

**GENERAL PARESIS** A psychosis associated with organic disease of the central nervous system resulting from chronic syphilitic infection.

**GLUCOSE** A form of sugar.

**GRAND MAL** See epilepsy.

**GRANDIOSE** In psychiatry, refers to delusions of great wealth, power or fame.

**GROUP THERAPY** Psychotherapy carried out with a group of patients.

**HALLUCINATION** An imaginary sense of perception.

1. **AUDITORY** Hearing something when nothing is there.
2. **VISUAL** Seeing something when nothing is there.
3. **OLFACTORY** Smelling something when nothing is there and no odor.
4. **TACTILE** Feeling something touching the skin or affecting the internal organs when nothing is really occurring.
5. **GUSTATORY** Tasting something when it is not present and nothing is present to suggest the taste.

**HEBEPHRENIA** See schizophrenia.

**HETEROSEXUALITY** Love for a person of the opposite sex.

**HOARDING** Collecting and saving articles often for no purpose.

**HOMOSEXUALITY** Sexual attraction or relationship between members of the same sex.

1. **ACTIVE** Homosexuality marked by overt activity.
2. **LATENT** Unconscious homosexual desires or conscious desires, consistently denied expression.

**HOSTILE** Unfriendly.

HYDROTHERAPY Treatment by use of water, baths, packs, etc.

HYPERACTIVE Abnormally overactive.

HYPNOSIS An altered state of conscious awareness induced in a suggestible subject. Under hypnosis a person manifests increased receptivity to suggestion and direction.

HYSTERIA A form of psychoneurosis which includes a wide variety of physical symptoms without organic pathology and toward which the patient shows relative emotional indifference.

I.Q. See Intelligence Quotient.

ID The unconscious part of the personality which contains the primitive instinctual urges.

IDENTIFICATION A mental mechanism by which a person incorporates into his own personality the ideas, actions, and feelings of another person.

IDIOPATHIC Term applied to disease of unknown cause, such as idiopathic epilepsy.

IDIOT See mental deficiency.

ILLUSION Misinterpretation of a real sensory image.

IMBECILE See mental deficiency.

IMPULSIVE Inclined to sudden changes of behavior that cannot be predicted.

INACCESSIBLE Not easy to reach psychologically, withdrawn.

INCOHERENT Rambling conversation marked by ideas that are not naturally related.

INCOMPETENT A legal term for a person who cannot be held responsible for his actions because of serious mental illness or mental deficiency.

INCONTINENCE Inability to retain urine or feces.

INHALATION The act of breathing air into the lungs.

INSANITY A legal term implying that the individual does not know right from wrong and is not responsible for his behavior.

INSIGHT The ability of the patient to realize the nature and extent of his illness

INSULIN TREATMENT See shock treatment.

INTELLIGENCE QUOTIENT An arithmetic figure determined by psychological testing indicating the relation of a person's intellectual performance to the statistical norm of his age group (I.Q.).

INTROVERT A person whose interest is directed toward his own inner life rather than toward the external world.

INUNCTION The act of rubbing an ointment into the skin.

INVOLUTIONAL PSYCHOSIS A psychotic reaction taking place during the involutional period, climacteric or menopause, characterized most commonly by depression and occasionally by paranoid thinking. The course tends to be prolonged, and the condition may be manifested by feelings of guilt, anxiety, agitation, delusional ideas, insomnia, and somatic preoccupation.

JACKSONIAN EPILEPSY See epilepsy.

KLEPTOMANIA Compulsive stealing, largely without regard to any apparent

material need for stolen objects.

**LATENCY** In psychoanalysis, a phase between the oedipal (or phallic) and adolescent periods of psychosexual development. It is characterized by a marked decrease of sexual behavior and interest in sex.

**LETHARGIC** Slow in thought or movement; dull

**LIBIDO** Psychic energy that motivates living; desire for pleasure or satisfaction.

**LOBOTOMY** See psychosurgery.

**LUCID** State of being clear, intelligible, and normal in the use of one's faculties.

**MALINGER** To pretend illness consciously and for a purpose.

**MALNUTRITION** Undernourished.

**MANIC-DEPRESSIVE PSYCHOSIS** A major emotional illness marked by severe mood swings (elated/depression) and a tendency to remission and recurrence. See psychosis.

**DEPRESSED TYPE** Characterized by depression of mood with retardation and inhibition of thinking and physical activity.

**MANIC TYPE** Characterized by elation with over-talkativeness, extremely rapid ideation, and increased motor activity.

**MANNERISM** An assumed peculiarity of gesture, hearing, or walk; an affected manner.

**MASOCHISM** Pleasure derived from suffering physical or psychological pain.

**MASTURBATION** Self-manipulation to arouse sexual feelings.

**MEGALOMANIC** A syndrome marked by delusions of great self-importance, wealth, or power.

**MELANCHOLIA** An emotional state characterized by depression.

**MENARCHE** The onset of menstruation in the female life cycle.

**MENTAL DEFICIENT** A person lacking intelligence to a degree that he cannot make an average adjustment to life. Emotional conflict usually complicates the condition. The need for institutional treatment and care is proportional to the degree of impairment and the level of emotional adjustment.

**BORDERLINE** Cases have I.Q.'s of 70 to 85

**MILD** I.Q.'s of 50 to 69

**MODERATE** I.Q.'s of 20 to 49

**SEVERE** I.Q.'s of 20 and below.

**MENTAL MECHANISM** Specific intrapsychic defensive processes operating unconsciously which are employed to seek resolution or emotional conflict and freedom from anxiety.

**MESMERISM** Early term for hypnosis; named after Anton Mesmer (1733-1815).

**MIGRAINE** An illness characterized by recurrent, severe, and usually one-sided headaches often associated with nausea, vomiting, and visual disturbances. may be due to unconscious emotional conflicts.

**MONGOLISM** A variety of congenital mental deficiency. So called because of the superficial resemblance to oriental facial characteristics.

**MORON** See mental deficiency.

**MOTIVATION** That within the individual which prompts him to action.

**MOTOR ACTIVITY** Activity involving bodily movement.

**MULTIPLE PERSONALITY** See personality, multiple.

**NARCISSISM** Self-love. In a broader sense indicates a degree of self-interest which is normal to early childhood but pathological when seen in similar degree in adulthood.

**NARCOTIC** A drug which produces sleep and at the same time relieves pain.

**NARES** The nostrils.

**NAUSEA** Sickness at the stomach; tendency to vomit.

**NEGATIVISM** Negative attitude or behavior; it is said to be active negativism when the person does the opposite of what he is asked to do, and passive when he does nothing he is expected to do.

**NEOLOGISM** A word coined by the patient; it has meaning for him alone.

**NERVOUS BREAKDOWN** A non-medical, non-specific term for emotional illness, primarily a euphemism for psychiatric illness or psychosis.

**NEUROLOGIST** A physician with postgraduate training and experience in the field of organic diseases of the nervous system and whose professional endeavors are primarily concentrated in this area.

**NEUROLOGY** The branch of medical science devoted to the anatomy, physiology, and pathology of the nervous system.

**NEUROSIS** Emotional maladaptations due to unresolved unconscious conflicts. One of the two major categories of emotional illness, the other being psychoses. A neurosis is usually less severe than psychosis with minimal loss of contact with reality. Thinking and judgement may be impaired. A neurotic illness represents the attempted resolution of unconscious emotional conflicts in a manner that handicaps the effectiveness of a person in living. The Standard Nomenclature adopted by the Psychiatric Association classifies neurotic disorders as follows:

**ANXIETY REACTION:** Characterized primarily by direct experiencing of anxiety, which may have an acute or gradual onset with subjective uneasiness or apprehension out of proportion to any apparent external cause.

**DISSOCIATIVE REACTION:** Characterized by such dissociated behavior as amnesia, sleepwalking, and dream states.

**CONVERSION REACTION:** Unacceptable unconscious impulses are converted into bodily symptoms; instead of being experienced consciously, the emotional conflict is expressed by physical symptoms.

**PHOBIC REACTION:** Characterized by a continuing, specific, irrational fear out of proportion to apparent stimuli.

**OBSESSIVE-COMPULSIVE REACTION:** Reaction patterns associated with the intrusion of insistent, repetitive, unwanted ideas, or of repetitive,

unwelcome impulses.

**DEPRESSIVE REACTION:** A neurotic depressive reaction apparently precipitated by specific traumatic situation loss.

**NIHILISM** In psychiatry, the delusion of non-existence of the self or part of the self.

**OBJECTIVE** An attitude stressing reality, not personal feelings; unprejudiced.

**OBSCENITY** Using indecent language or engaging in indecent acts.

**OBSESSION** An unshakable urge to think thoughts that one does not wish to think.

**OCCUPATIONAL THERAPY** An adjunctive therapy commonly used in mental hospitals. It provides opportunity for partial sublimation and/or acting out of patient's unconscious conflicts and stimulates interests through supervised handicrafts or other activities. Other similar therapies are music, recreation, drama and dance.

**OEDIPUS COMPLEX** Attachment of the child for the parent of the opposite sex accompanied by envious and aggressive feelings toward the parent of the same sex.

**ORAL** Pertaining to the mouth.

**ORAL STAGE** Includes both the oral erotic and oral sadistic phases of infantile psychosexual development lasting from birth to 12 months or longer; both oral erotism and sadism normally continue in later life in disguised and sublimated forms.

**ORGANIC DISEASE** Characterized by demonstrable structural or biochemical changes in the tissue and organics of the body as distinguished from emotional illness.

**ORIENTATION** Awareness of oneself in relation to time, place and person.

**PANIC** A sudden feeling of terror.

**PARANOIA** Rare psychotic disorder which develops slowly and becomes chronic; it is characterized by an intricate and internally logical system of persecutory and/or grandiose delusions. The system stands by itself and does not interfere with the remainder of the personality which continues essentially normal and apparently intact; to be distinguished from paranoid schizophrenic reactions and paranoid state.

**PARANOID** An adjective derived from the noun "paranoia" but prevalently used to describe any grandiose or persecutory delusions.

**PARANOID STATE** Characterized by paranoid delusions but not so internally logically systemized as in true paranoia nor so bizarre or disorganized as in schizophrenic paranoid reactions.

**PARESIS** Slight or incomplete paralysis.

**PEDICULI** Lice.

**PERISTALSIS** Wavelike motion of the intestines.

**PERSONALITY** The sum total of the individual's internal and external patterns of adjustment to life.

**PERSONALITY DISORDERS** A term used to include a broad category of disorders characterized by developmental defects of pathological trends.

There is minimal subjective anxiety and little or no sense of distress.  
See also psychopath.

**PERSONALITY MULTIPLE** A rare type of major dissociative reaction in which the individual adopts two or more different personalities; these are separate and compartmentalized with total amnesia for the one, or ones, not in awareness.

**PERVERSION** Sexual deviation.

**PETIT MAL** See epilepsy.

**PHALLIC STAGE** The period of psychosexual development from the age of about 2-1/2 to six years during which sexual interest, curiosity, and pleasurable experience center about the penis, and girls, to a less extent, the clitoris.

**PHOBIA** An obsessive, persistent, unrealistic fear of an external object or situation such as heights, open spaces, dirt, animals, etc.

**PLAY THERAPY** A psychotherapeutic approach to children's emotional disorders in which the observation and interpretation of the child's use of his play materials and his fantasy in his games and play form part of the therapy.

**PRECONSCIOUS** Referring to thoughts which are not in immediate awareness but which can be recalled by conscious effort.

**PROGNOSIS** A forecast of the outcome of a disease.

**PSYCHOSOMATIC** Adjective to denote the constant and inseparable interaction of the psyche (mind) and soma (body). Most commonly used to refer to illness in which the manifestations are primarily physical with at least a partial emotional etiology.

**PSYCHOSURGERY** Treatment of serious psychiatric disorders by brain surgery. Certain brain nerve fibers are cut to reduce the tension and distress associated with chronic emotional suffering.

**PSYCHOTHERAPY** A general term for any type of treatment which is based primarily upon verbal or non-verbal communication with the patient in distinction to the use of drugs, surgery, or physical measures.

**PUERPERAL PSYCHOSIS** A psychotic episode occurring in the period after childbirth.

**PURULENT** Containing pus.

**RAPPORT** A relationship of harmony between the patient and the therapist.

**RATIONAL** With good reason; sensible, supported by thought.

**RATIONALIZATION** A mental mechanism whereby the patient substitutes a plausible reason for the real one motivating his behavior.

**REGRESSION** A mental mechanism whereby an individual reverts to patterns of behavior characteristic of an earlier phase of development.

**REJECTION** A refusal to accept a person or thing.

**REPRESSION** A mental mechanism which operates unconsciously to keep from awareness unpleasant experiences, emotions, and ideas.

**RESISTIVE** Inclined to oppose; offering opposition; refusing to comply or

agree.

**RETARDATION** Slowing up of reactions (i.e., slowness of movements or thought processes). Slowing down of mental and physical activity. Most frequently seen in severe depressions which are sometimes spoken of as retarded depressions. Also a synonym for mental deficiency.

**RIGIDITY** Psychiatrically, refers to an individual's great resistance to change.

**RIGOR MORTIS** Stiffness of the body after death.

**RORSCHACH TEST** A psychological test developed by the Swiss psychiatrist, Hermann Rorschach, which seeks to disclose conscious personality traits and emotional conflicts through eliciting the patient's associations to a standard set of ink blots.

**SADISM** Pleasure derived from inflicting physical and psychological pain on others.

**SCHIZOID** Adjective describing traits of shyness, introspection and introversion.

**SCHIZOPHRENIA** A severe emotional disorder of psychotic depth characteristically marked by retreat from reality with delusion formations, hallucinations, emotional disharmony and regressive behavior; formerly called dementia praecox. Some types of schizophrenia are distinguished as follows:

**CATATONIC TYPE** Characterized by marked disturbances in activity with either generalized inhibition or excessive activity. See catatonia.

**PARANOID TYPE** Characterized predominantly by delusions of persecution and/or megalomania. See delusion.

**SIMPLE TYPE** Characterized by withdrawal, apathy, indifference, and impoverishment of human relationships but rarely by conspicuous delusions or hallucinations. It is slowly and insidiously progressive.

**SECLUSIVE** Remaining apart; tendency to withdraw to solitude.

**SEDATIVE** A drug or remedy that quiets activity.

**SEIZURE** A sudden attack; a fit or convulsion.

**SENILE** Relating to or characterized by old age.

**SENILE DEMENTIA** See dementia, senile.

**SENILE PSYCHOSIS** A mental illness of old age characterized by personality deterioration, progressive loss of memory, eccentricity, and irritability.

**SHOCK TREATMENT** A psychiatric therapy in which electric current is administered to the patient and result in a convulsive or comatose reaction intended to alter the course of the illness favorably.  
Convulsive Shock Treatment: Usually carried out by stimulation with an electric current and hence called electro-shock treatment (E.S.T. or E.C.T.). Often used in depressive reactions and most effective in this form of illness.

**SIBLING** Children of the same parents.

**SOCIAL WORK** The application and use of community resources and management of environmental factors to better the total adaptation and

adjustment of a patient.

**SOMATIC** Pertaining to the body.

**STATUS EPILEPTICUS** More or less continuous epileptic seizures. See epilepsy.

**STERILE** Complete absence of germs.

**STIMULUS** That which encourages reaction; incentive.

**STROKE** Sudden attack of disease or affliction, usually apoplexy.

**STUPOR** In psychiatry, a state in which the individual appears to be unaware of an non-reactive to his surroundings. In catatonic stupor, however, it is believed the unawareness is more apparent than real. See catatonia.

**SUBCONSCIOUS** That part of the mind which is not immediately focused in awareness but which may be brought to awareness when desired.

**SUBCUTANEOUS** Underneath the skin.

**SUPEREGO** A psychoanalytic term used to describe the critical aspect of the personality which is usually equated with the popular term conscience.

**SUPINE** Lying on the back with face upward.

**SURROGATE** A substitute person; in psychiatry usually refers to an authoritarian person (parental).

**SUSCEPTIBLE** Easily influenced, unresistive or sensitive, not immune.

**SYMPATHY** Expression of compassion for another's grief or loss. To be differentiated from empathy.

**SYMPTOM** A specific manifestation of an illness, objective, subjective, or both.

**SYPHILIS** A contagious specific venereal disease.

**TACHYCARDIA** Unusually rapid heartbeat.

**TENSION** A feeling of strain.

**TERMINATE** To end.

**THERAPY** Treatment of illness directed toward cure.

**TIC** An intermittent, involuntary, spasmodic movement such as muscular twitch. A tic may be disguised expressed of hidden emotional conflict.

**TONIC** A muscular spasm in which the affected muscles are in continuous contraction.

**TOXIC PSYCHOSIS** A psychosis resulting from the toxic effect of chemicals and drugs, including those produced in the body. See also psychosis.

**TRANQUILIZING DRUG** See ataraxy; ataractic.

**TRANSFERENCE** A mental mechanism whereby the feeling for one person is unconsciously directed toward another person.

**TRAUMA** Injury. It may be physical, as when a wound is inflicted on the body, psychic, as when one receives an emotional shock.

**TREMOR** Involuntary trembling or quivering.

**UMBILICUS** The naval.

**UNCONSCIOUS** That part of the mind which is not accessible to conscious

awareness but can be investigated by psychoanalysis.

VEIN                      One of the blood vessels that carry impure blood from various parts of the body to the lungs and heart to be purified.

VINDICTIVE            Inclined to hold a grudge; motivated by a desire for revenge.

VOID                     Empty the bladder.

VOYEURISM             Sexually motivated and often compulsive interest in watching or looking at others, particularly at genitals. Roughly synonymous with "peeping Tom." Observed mostly in males.

WORD SALAD           A mixture of words and phrases which lack comprehensive meaning or logical coherence, commonly seen in schizophrenic states.

9/98; 10/00 definition.doc

Nursing Services at the Utah State Hospital believes in a philosophy of nursing practice that focuses on the interpersonal interactions occurring between nursing personnel and the patients served. A holistic approach is utilized, but the patient is viewed as being a unique, individual system of physical, emotional, intellectual, social and spiritual components.

Nursing follows an interpersonal process that is initiated by the patient's stated, implied, or observed needs or deficits aimed at reducing or removing the causative factors inhibiting the patient's wellness and focuses on returning the patient to his/her optimal level of functioning and prepares the patients, through education, to continue to function at that level after discharge.

Nursing believes in a cooperative, collaborative approach with other professionals requiring frequent, interdisciplinary team meetings to provide quality care. The patient is viewed as an active participant in his/her treatment plan. An emphasis is placed on identifying and utilizing the patient's strengths to achieve the desired outcomes. Health maintenance and prevention are stressed as a means of resolving problems and restructuring lifestyles to ones more conducive to health.

The nursing process is used to implement the conceptual framework. The assessment phase gathers data regarding the patient's behavior, environment, culture, physical status, psychological status, beliefs, values, and adaptation or non-adaptation to his/her illness. Identification of problems is made from the assessment data. Planning for nursing interventions is carried out through identification of nursing goals and objectives decided on with the patient's assistance and through collaboration with the multidisciplinary team. Evaluation is an ongoing process determining the effectiveness of the plan. The nursing process is viewed as a dynamic active facilitator of the nurse-patient relationship. Utah State Hospital's Nursing Department follows a modified decentralized organizational plan for its' three hundred plus members: 78.9 FTE's in direct care Registered Nurses (RN's), 37 FTE's in Licensed Practical Nurses (LPN's), 286.5 FTE's in Psychiatric Technician positions, and 26.2 FTE's in non-direct care such as administrative (i.e. Nurse Administration, Infection Control, Utilization Review, Clinical Risk Management, Unit Nursing Directors) and support

positions (i.e. Schedulers, Unit Clerks, Office Manager). The Nursing Department is organized to provide the optimal achievable quality of nursing care and to maintain the highest professional conduct and practice of its' members.

The Nursing Department provides direct patient care 24 hours a day, 7 days a week. Shift Supervisors act as the Nurse Administrator on evenings, nights, weekends and holidays.

APRN's (Advanced Practice RN's), RN's, LPN's, Psych Techs, offer a variety of treatment modalities consistent with their education and training, experience, and licensure as detailed in individual job descriptions, performance plans, and clinical privilege statements. These may include, but are not limited to:

#### Clinical/Technical Nursing Skills

Oxygen administration, infectious disease counseling and education (AIDS, Hepatitis), first aid, CPR, immunization, nasogastric insertion and feeding, catheterization, wound care, intravenous fluids, PICC line fluids, PEG tube feedings, EKGs, Oxygen saturation monitoring, oral suctioning, documentation, assessments, patient acuity, staff education and training.

#### Psychiatric Nursing Intervention

Education and skills training in the following areas: Family education, sex education, medication education, ADL care, relaxation therapy, stress reduction, nutrition education, exercise groups, music groups, leisure groups, make-up and wardrobe groups, health education, family planning, substance abuse education and therapy, discharge planning, survival skills, current events groups, diabetic teaching and counseling, planning and supervision of on and off campus activities, one-to-one watches, suicide watches, assertiveness training, reading groups, remotivation groups, behavior modification, reality orientation, buddy groups, violence prevention/intervention, activity supervision, and research.

APRN's may also do psychotherapy, family therapy, therapeutic role playing and role modeling, psychodrama, psychotherapy, and consumer education groups.

#### Medication Administration

Oral and intramuscular administration; IV therapy, PICC line therapy, NG tube, PEG tube.

Nursing Administration at Utah State Hospital consists of the Nurse Executive, the Nurse Administrator, Assistant Nurse Administrator, and the Education Director. This group provides for the determination of long-range objectives and goals; development of hospital-wide policies and procedures, development and revision of job descriptions and performance plans, and provides a sense of direction to the department. Nursing Administration assumes final responsibility to ensure that nursing meets the standards necessary to maintain Joint Commission accreditation and Health Care Financing Administration (HCFA) certification in the areas impacting nursing.

The Nurse Executive directly supervises the Nurse Administrator and the Education Director.

The Nursing Administrator provides clinical and administrative supervision for ten Unit Nursing Directors (UND's), the Assistant Nursing Administrator, the Infection Control Coordinator, the RN's and LPN's who are in the temporary pool, and the Scheduling Office.

The Assistant Nursing Administrator provides clinical and administrative supervision for the Shift Supervisors (SSRN's), the Acuity Nursing staff, and the Acuity Psych Tech Pool. She also provides administrative supervision of X-ray, Central Supply, and the Clinics.

The Education Director provides clinical and administrative supervision for one Nursing Educator. The Education Director works closely with the APRN's to provide patient education materials as well as nursing staff education materials. The ten UND's are delegated the responsibility and authority to provide supervision and direction for the RN's, LPN's, PSO's, Unit Clerks, Environmentalists, and Psych Techs assigned to their respective units.

The Nursing Administrator provides indirect supervision for all RN's, LPN's, PSO's, Unit Clerks, Environmentalists, and Psych Techs through the UND's. The Nurse Executive is responsible to the Hospital Clinical Director and is an integral part of the day-to-day operations of the hospital. The Nurse Executive and the Nursing Administrator are members of the Hospital's Executive Staff and are involved in the short term and long range planning for the hospital.

The Assistant Nurse Administrator is responsible for the supervision and management of the SSRN's, the Acuity Psych Tech Pool, X-ray, Central Supply, Clinics, and the Acuity RN Pool. The Assistant Nursing Administrator is also responsible for writing nursing policy and procedure under the direction of the Nurse Executive and the Nursing Administrator.

The UND is responsible for the provision of nursing care on his/her respective unit. Each UND reports to the Nursing Administrator regarding standards of nursing care and practice, quality improvement, and nursing personnel issues. The UND works closely with the Unit Administrative Director (AD) to provide quality patient care. The UND is a member of the unit Service Management Team which provides the leadership for the unit in administrative functions i.e. environment of care, budgetary issues, personnel issues that impact the unit and programming of the unit.

The SSRN supervises and coordinates activities of nursing personnel on evenings, nights, weekends, and holidays to maintain continuity of patient care. The SSRN acts in the place of the Hospital Administration during his/her shift. The SSRN is responsible for making decisions concerning policies and procedures and interpreting those policies and procedures. He/She is also responsible to make independent decisions in situations on her/his shift where there is not established policy, routine, or regulation throughout the hospital. Registered Nurses (RN's) provide direct patient care and supervise the delivery of nursing care by LPN's and Psych Techs. The RN's offer a variety of treatment modalities including clinical/technical nursing skills, psychiatric nursing Intervention, and medication administration. LPN's provide medication and treatment administration to patients on each unit. Psych Techs provide direct nursing care under the supervision of the RN. The Environmentalist is assigned

job duties by the UND but may also assist in direct patient care as assigned by the RN. The Environmentalist's job duties include the patient industrial program, the unit environment, and other duties as assigned. The Unit Clerk is responsible for the clerical portions of patient care on the unit and is directly responsible to the UND.

All nursing care delivered and nursing care assignments are under the direction and supervision of the RN who utilizes the nursing process and patient acuity system to make assignments. A Psych Tech Pool and an RN Acuity Pool are utilized to meet staffing needs due to changes in patient acuity and to assist in covering staff sick calls. These personnel are assigned shift by shift by the Scheduling office under the direction of the Nursing Administrator.

Nursing personnel follow the hospital guidelines for major and minor infractions. UND's notify the Nursing Administrator of any nursing personnel requiring a verbal warning or written warning, corrective action or disciplinary action. The Nursing Administrator and Nurse Executive are involved in all disciplinary actions including termination of an employee.

The goals and objectives of Utah State Hospital's Nursing Department are decided upon each year by the Nursing Administration in conjunction with the UND's. These goals are communicated to all nursing personnel through unit meetings and are monitored as a part of the QI plan.

The annual nursing department report is made each year to the hospital's Executive Staff. It contains a review of the previous year's activities and a plan for the next year. It also details the department's success or lack of success in achieving the above state goals and objectives.



Nursing Staff in Administrative or Support positions:

FTE	TITLE
1.0	Nurse Executive
1.0	Nursing Administrator
1.0	Assistant Nursing Administrator
0.5	Education Director
3.0	Clinical Nurse Specialist
1.0	Infection Control Coordinator
1.0	Nurse Educator
0.7	Clinical Risk Manager
2.0	Utilization Review RN
4.0	Shift Supervisors--RN
1.0	Nursing Office Manager
3.0	Schedulers
19.2 FTE's Total	

Total for all Utah State Hospital staff in Nursing related positions is 438.6 plus 4.0 Nurse Practitioners who are under the Medical Staff.

Job descriptions for each level in Nursing are available through the Nursing Department at the time of hire. It is the responsibility of the new employee to become familiar with the job description and to question any areas in which he/she is unfamiliar or feels unqualified. Job descriptions are reviewed by the Nursing Administration on at least an annual basis; changes and necessary revisions are made on an as needed basis and are reviewed by the UND's and Human Resources prior to implementation. Performance management plans are developed for each member of Nursing. Each plan contains standards for successful performance and competencies. The individual staff member meets to review, discuss, and agree on the plan with his/her immediate supervisor; revisions in the performance plan are made at that time if needed.

Performance appraisals are conducted with each employee at the conclusion of his/her probationary period and on an annual basis. The performance appraisal is done more frequently to monitor performance when necessary. The evaluation is criteria-based and relates to the standards of performance specified in the individual's job description.

Nurse Executive  
Nursing Administrator  
Assistant Nursing Administrator  
Clinical Nurse Specialist/Education Director  
Clinical Nurse Specialist  
Infection Control Coordinator  
Nurse Educator  
Shift Supervising RN  
Unit Nursing Director  
RN

LPN

Psychiatric Technician/Environmental

Unit Clerk

Psychiatric Technician/Mentor

Psychiatric Technician

Staffing Coordinator

Each member of the Utah State Hospital's Nursing Department is expected at all times to behave in a professional manner toward patients, staff, and visitors.

Members of the nursing discipline work with the treatment team in providing optimal patient care within the resources available. Every employee is expected to abide by the Code of Conduct as outlined in USH:OPP. Infractions are handled on an individual basis with the UND conducting a review of the individual's behavior. Risk Management is involved in an investigation when necessary.

The Nursing Department employs a Central Scheduling Office. The Schedulers work closely with the UND's to ensure all shifts are covered adequately with RN's, LPN's, and Psych Techs. Pool Psych Techs and RN's are scheduled to meet patient acuity.

Psych Techs are hired on a temporary basis for their orientation and training program. They are available for hiring into permanent career status eligible positions after they have been hired into the Psych Tech Acuity Pool. RN's and LPN's are hired directly into full time career status eligible positions. Acuity RN's and LPN's are also hired into on-call positions which are used to cover vacancies in the schedule. They are temporary, non-career status employees.

All current and prospective employees are required to provide proof of current licensure to Human Resources. All licenses are verified through the Division of Professional Licensure. All licensing data is kept on computer file in the Human Resources office. Psych Techs do not require a license to practice. They practice under the licensure of the RN's.

Nursing at the Utah State Hospital is a part of the decentralized matrix organizational plan. Nursing personnel are within specific unit cost centers with an Administrative Director (AD) in charge of each unit. The AD administers unit cost centers. The UND is consulted for major unit expenditures and for expenditures surrounding nursing personnel. Nursing Administration is consulted for major expenditures involving patient care equipment and/or other nursing needs.

Personnel salaries are determined by the Division of Human Resource Management of the State of Utah. The Nursing Administrator works directly with Human Resources when hiring nursing personnel to assign the appropriate salary.

Nursing has the responsibility for Central Supply purchasing. The Assistant Nursing Administrator monitors all expenditures in Central supply and works directly with the Business Office in budgetary concerns in this area.

Nursing has the responsibility for expenditures within Radiology and the Clinics. The Assistant Nursing Administrator monitors all expenditures in these areas and works directly with the Business Office in budgetary concerns in this area.

Nursing has the responsibility for expenditures within the Education Department. The Education Director monitors all expenditures in this area and works directly with the Business Office in budgetary concerns in this area.

The Nurse Executive and Nursing Administrator are members of the Executive Staff and are involved in major budgetary issues in the hospital. The budgetary needs of the areas reporting to Nursing are reviewed at least yearly. Major hospital expenditures anticipated for the upcoming budgetary year are also reviewed by Executive Staff.

The Nurse Executive or designee represents Nursing in institutional and department planning or special purpose meetings and provides periodic reports on the status of Nursing to the Hospital Clinical Director and the Hospital Superintendent. The Nurse Executive and Nursing Administrator are members

of the hospital's Executive Staff and meet weekly with the other members of that group. The Nurse Executive is the formal liaison between the Medical Staff and Nursing and also interfaces with Administrative Services. There is a Nursing representative on every committee in the hospital impacting patient care: Environment of Care, Emergency Preparedness, Infection Control, Pharmacy and Therapeutics, Medical Records, Research, Clinical Services, Utilization Review, Ethics, Performance Improvement Council, and other committees that may be organized which impact patient care. Nursing Administration meets monthly or more frequently to discuss the needs of the Nursing Department. Nursing Administration also meets at least monthly with the UND's. This meeting is the planning and decision making body for the Nursing Department. Invitations to attend are extended to other personnel as necessary to discuss and resolve areas of concern. Specific functions include:

1. Recommend standards for personnel management and clinical practice.
2. Identify areas of concern, problems, or issues and implement the decisions made concerning the issue.
3. Ensure nursing and hospital policies, procedures, and standards reflect current nursing practice and management; identify, develop, and/or revise nursing policies and procedures, standards of care, standards of practice and standards of performance.
4. Discuss and review quarterly quality improvement results, trends, and patterns and recommend changes as indicated by the results obtained.
5. Receive and act on information received from representatives on hospital-wide committees.
6. Identify educational needs of staff.
7. Receive and review information on new products and make recommendations on purchasing needs.
8. Review scheduling needs and coverage problems.

The Nurse Executive and the Nursing Administrator meet with the UND's and the AD's and Service Directors at least monthly. Other scheduled meetings include monthly unit staff meetings: these meetings are to identify unit problems and to gather possible solutions to problems as well as to disseminate information. Education of staff may also occur at these meetings.

Minutes for all meetings held are kept on file and are available for review by members of the Nursing Staff.

**Nursing Affiliations:** Various nursing programs through the state--Brigham Young University, University of Utah, Utah Valley State College--use Utah State Hospital as a clinical placement site for RN and LPN-RN program students. RN students in graduate and undergraduate programs can participate in clinical situations on patient units or in leadership preceptorships. In addition, a one day orientation to Nursing at Utah State Hospital is offered to all colleges and universities in the State with RN or LPN nursing programs. All nursing students are oriented to pertinent USH policies, procedures, and standards. Contracts with Schools of Nursing are reviewed and renewed on an annual basis.

**Staff Development, Training, Orientation, Research:** New employee orientation is coordinated through the Human Resources Office. Staff development and

educational programs are coordinated through the Education Office. Computer records are maintained for each staff member and include inservices, new employee orientation, mandatory yearly inservices, and other educational programs that the employee has attended. Educational and training programs for Nursing personnel are on-going and designed to meet the identified educational needs of the employee in an effort to maintain and add to the individual's clinical competency.

Educational needs are identified, at least in part, by employment assessments, quality improvement findings, unit needs, and through employee requests. CPR certification and re-certification is required of each Nursing employee-- records are maintained on the computer.

Attendance at outside presentations is encouraged; employees are requested to go through their supervisors to request approval for educational time off and/or reimbursement for expenses.

All new Psych Techs complete a course of Psych Tech Training as well as on-the-job orientation through working with Psych Tech Mentors on the units. All new RN's and LPN's are required to complete a Nursing Orientation Training Program. All RN's are encouraged to complete the Psychopathology Course for RN's and are also encouraged to become Nationally Certified as a Psychiatric RN.

Research activity is encouraged of all members of the Nursing Department. A research committee coordinates and approves all requests for research. Special projects are approved within the nursing area by the Nurse Executive. Results of the Quality Improvement program drive the development of many research projects and studies.

All new Utah State Hospital Nursing Department employees receive a general orientation through New Employee Orientation combined with further patient specific training in the Education Department and a unit specific orientation on each unit. General and specific competencies required for each classification of employees are verified during the orientation period and yearly with the performance appraisal.

Each new employee receives orientation on the unit where specific competencies are verified at that time by a preceptor assigned by the unit. The total orientation period for each new employee is dependent upon the level of experience of the employee. The competencies check sheets must be completed no later than 2 months following employment.

## **New Employee Orientation**

### **Day 1**

Lab work (PPD placement )

Mission, Vision, Ethics

Utah State Hospital History Video

Administration Overview / Hospital Information

Vocational Rehabilitation

Payroll

Benefits

Infection Control

Human Resource Policies and Procedures,

**Day 2**

CPR

First Aid

**Day 3**

Employee Health Screen

Employee ID Badges

Patient Panel, Patient Rights Video

Sunrise Program

Risk Management: Liability Prevention, Reporting Abuse or neglect, Campus

Safety, Workplace Violence

Fire Safety

Unlawful Harassment

Diversity

Defensive Driving Video

Test

**Day 4**

Verbal Safety Intervention Techniques

**Day 5**

Physical Safety Intervention Techniques

All employees complete the following competencies check list during orientation:

The form is then placed in the employee's personnel file.

**Psychiatric Technician Orientation**

Psychiatric Technician Orientation continues after New Employee Orientation and consists of 8 days of didactic and clinical experience. The curriculum includes:

Organizational Structure

Psych Tech Role

Tour of the Units

Environment and Safety

Psychopathology (12 hours)

ADL's

Vital Signs

Medical Concerns

Documentation

E-chart

Policy and Procedure Manual

4 half days of clinical experience with correlated written assignments

2 full days of group process observation on the units

Test

**RN/LPN Orientation**

RN/LPN Orientation continues after New Employee Orientation and consists of 3

days of didactic and a minimum of 3 days clinical experience. The didactic curriculum includes:

Organizational Structure

Roles

Leadership Skills

Job descriptions and Performance Plans

Standards of Care and Standards of Performance

Infection Control Issues including Occupational Exposure and Hepatitis

Counseling training for RN's

Psychopharmacology

Medication Test & Psychopharmacology Test

Nursing Skills

Documentation

E-chart

IV Therapy

Policy and Procedure Manual

Mechanical Restraints and Seclusion

Culture and Ethnicity and Mental Illness

Individual Comprehensive Treatment Plans

RN's and LPN's are also provided with a 2 day course in Psychopathology and Physical Assessment.

The RN or LPN is instructed to work with the UND for their clinical experience and if they are not comfortable after 3 days of orientation to the unit then more orientation is provided.

### **Unit Orientation**

Unit Orientation includes the following:

Unit Manual

Training Checklists

2 month reviews

Evaluation forms

Tests

All adult admissions are coordinated through the ADT office and the unit AD. All Forensic, Children and Youth admissions are coordinated through the unit AD.

Patients with unusual complicating factors of a medical, psychiatric, or nursing nature are referred to the Hospital Clinical Director who works with the Nurse Executive to facilitate placement. Patient transfers are arranged between the unit AD's who involve the physician and the treatment team.

Pharmacy, Central Supply, Radiology, Physical Therapy, and Clinics are notified by Nursing when services are required. Inventories of approved items from the Pharmacy and Central Supply are kept on the units. Problems or areas of concern are handled on the unit level whenever possible. Referrals are made to Nursing Administration when indicated by the extent or severity of the problem. Nursing personnel notify Security through the Switchboard or via the two-way radios of any person(s) or condition that could pose a threat or hazard to any staff, patient, or visitor. Security officers provide whatever assistance is required, including referral to the Provo Police Department. Security also provides escort

services to staff if needed.

Dietary requests are made through Nursing on an as needed basis for new or revised diets. Weekly requests are submitted for unit supplies. Periodic examinations of unit dietary needs are made by both Nursing and Dietary personnel. The dietitian may be requested to provide individual or unit training to staff and patients on dietary issues. Nursing is responsible to provide supervision of patients in the dining room, to identify to servers all special diets, and to monitor patients' dietary intake. On-unit trays are picked up and returned to the kitchens by nursing staff.

Nursing staff coordinates all requests for specific activity services--Occupational Therapy (OT), Recreational therapy (RT), Physical Therapy (PT)--requested on the physician's order sheet. Recreational activities occur on or off the unit with the unit's Recreational therapist. Nursing staff provide support for activities and send an RN when there are medications to be given and on overnight activities. The unit RN clears any group of patients who are taken off the unit. OT and PT requests are handled on a referral basis.

Housekeeping staff are assigned to specific areas of the hospital. Each unit has an Environmentalist who is responsible for the overall environment of the unit.

The Environmentalist works with Housekeeping personnel to assure cleanliness on the unit. Psych Techs are also assigned specific housekeeping tasks.

Inservices are provided for unit personnel concerning environmental issues. It is the responsibility of the UND to ensure safe housekeeping practices are followed on each unit. Maintenance requests are made through the computer. Nursing is responsible for ensuring a safe, hazard-free environment is maintained. Laundry services is responsible to see all soiled laundry is sorted, bagged, labeled, and delivered to the truck for transportation to American Fork for cleaning. Clean laundry is retrieved and stored in appropriate areas on the unit. Unit nursing staff are also responsible to ensure patients caring for their personal laundry items on the unit do so in a safe, clean manner.

Old records of current patients are kept on the unit; medical records notifies the UND of any nursing deficiencies or delinquencies in discharge charts. The UND is responsible to see that nursing documentation is completed in a timely manner through the chart monitoring system set up on the each unit. Nursing personnel are responsible to complete the patient rolls every shift and to return them to Medical Records daily.

Nursing works closely with the Human resource department to ensure hospital and nursing policies and procedures are followed in all actions related to personnel management. The UND notifies Human Resources of all vacancies on the unit. All corrective actions and disciplinary actions and terminations must be approved by the Director of Human Resources prior to implementation.

Nursing works closely with the Social Work and Psychology disciplines to implement patient treatment plans and provide optimal patient care.

Nursing works closely with the unit Psychiatrist to ensure quality patient care with a holistic viewpoint toward treatment.

Nursing works closely with the members of Medical Services to ensure optimal medical care of the patients, thus providing quality holistic patient care.

## **Standard I - SAFETY**

All nursing staff will provide and maintain a safe environment for patients, staff, and visitors at all times through the use of appropriate safety and intervention methods.

Standard of Practice - Nursing Policy & Procedure Manual, Section VII

The patient can expect a safe environment at all times through staff use of appropriate safety and intervention methods.

## **Standard II - MEDICATION**

Medications will be administered by qualified, licensed personnel as directed by the Physician's Order.

Standard of Practice - Nursing Policy & Procedure Manual, Section III

The patient can expect to receive medication (for his/her specific illness) which is administered by qualified, licensed personnel as directed by the physician's order.

## **Standard III - EMERGENCY CARE**

CPR will be performed immediately by certified hospital employees when a person is recognized to be without respiration and/or pulse.

Standard of Practice - Nursing Policy & Procedure Manual, Section IV

The patient can expect to receive emergency care by hospital employees when it is required. The patient can also expect to receive consultative care in the community in circumstances where the Utah State Hospital cannot provide the necessary care.

## **Standard IV - NURSING ASSESSMENT**

Utilizing the nursing process, initial nursing assessments will be done on all patients on admission (as a part of the Integrated Assessment). Nurses will continuously collect data and assess the psychological and physiological status and progress of patients with reference to identified problems and treatment goals.

Standard of Practice - Nursing Policy & Procedure Manual, Sections I & II

The patient can expect to receive state of the art psychiatric nursing care throughout his/her stay at the hospital through use of the nursing process.

## **Standard V - INFECTION CONTROL**

Utilizing appropriate infection control methods, all patients can expect a safe clean environment where cross-contamination/infection is minimized.

Standard of Practice - Nursing Policy & Procedure Manual, Section V

The patient can expect to live in a clean environment where infection is minimized through utilization of appropriate infection control methods.

## **Standard VI - PSYCHOSOCIAL NURSING CARE**

Utilizing current psychosocial nursing practice, all patients can expect state of the art psychotherapeutic nursing interventions where adequate self-care and physical well-being are fostered.

The patient can expect to live in a therapeutic environment where nursing provides psychotherapeutic interventions to assist the patient in regaining or improving coping abilities and preventing further disabilities; where adequate

self-care and physical well-being are fostered.

I The nurse continually collects data that are comprehensive, accurate, and systematic. An initial comprehensive nursing assessment is completed by an RN within eight hours of admission. The patient is reassessed by an RN weekly thereafter as well as incidentally based upon major changes in the patient's medical or psychiatric status. The RN provides nursing input to the patient's ICTP 14 days after admission and every 30 days thereafter.

II The nurse utilizes diagnoses or standard classifications of mental disorders to express conclusions supported by recorded assessment data and current scientific premises.

III The nurse develops a nursing care plan based upon the nursing assessments and information obtained from the multidisciplinary team. The nursing care plan is part of the individual comprehensive treatment plan with specific goals and interventions delineating nursing actions unique to each patient's needs. Discharge planning and teaching needs are included.

IV The nurse intervenes as guided by the nursing care plan to implement nursing actions that promote, maintain, or restore physical and mental health, prevent illness, and effect rehabilitation. The RN delegates the nursing component of the ICTP to LPN's and Psych Techs by means of written daily assignments and supervises the nursing staff's implementation of delegated nursing care. The plan of care is continuously evaluated and revised based upon on-going assessments. The RN ensures that significant changes in the patient's condition are promptly communicated to the physician and documented in the progress notes.

V The nurse uses psychotherapeutic interventions to assist patients in regaining or improving their previous coping abilities and to prevent further disabilities.

VI The nurse assists patients, families, and groups to achieve satisfying and productive patterns of living through health teaching.

VII The nurse uses activities of daily living in a goal-directed way to foster adequate self-care and physical and mental well-being of clients.

VIII The nurse uses knowledge of medication therapies and applies related clinical skills in working with patients.

IX The nurse provides, structures, and maintains a therapeutic environment in collaboration with the patient and other health care providers.

X The nurse provides and maintains a safe environment for patients, staff, and visitors through the use of appropriate safety and intervention methods. All patients can expect an environment where infection and cross-contamination is minimized.

I The nurse participates in peer review and other means of evaluation to assure quality of nursing care provided for patients.

II The nurse assumes responsibility for continuing education and professional development and contributes to the professional growth of others.

III The nurse collaborates with other health care providers in assessing, planning, implementing, and evaluating programs and other mental health activities.

IV The nurse participates with other members of the health care team in promotion of the broad continuum of prevention of mental illness in the community.

V The nurse contributes to nursing and the mental health field through innovative thinking and application of knowledge.

The Quality Improvement Plan of Utah State Hospital's Nursing Department is decided upon each year by the Nursing Administration in conjunction with the UND's. The plan is communicated to all nursing personnel through unit meetings and is monitored as a part of the hospital QI plan.

The annual nursing department report is made each year to the hospital's Executive Staff. It contains a review of the previous year's QI plan and a QI plan for the next year.

4/94;3/98

Revised 8/01;2/13/02